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# SECTARIAN HEALERS AND HYPNOTHERAPY

SECTARIAN HEALERS  
AND HYPNOTHERAPY

JOHN A. LEE

A STUDY FOR  
THE CLARIFICATION OF THE HEALING ARTS  
1934







ONTARIO

# SECTARIAN HEALERS AND HYPNOTHERAPY

JOHN A. LEE

A STUDY FOR  
THE COMMITTEE ON THE HEALING ARTS  
1970



SECTARIAN HEALERS  
AND HYPNOTHERAPY

JOHN A. LEE

A STUDY FOR  
THE COMMITTEE ON THE HEARING AND  
SPEECH

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## FOREWORD

The Committee on the Healing Arts was established by the Province of Ontario, Order in Council 3038/66, dated July 14, 1966.

In January 1967, the Committee commissioned Professor John A. Lee of Toronto to undertake a study of sectarian healers and hypnotherapy in Ontario. The following is a study prepared by Professor Lee and submitted to the Committee in December 1967.

The statements and opinions contained in this study are those of Professor Lee, and publication of this study does not necessarily mean that all the statements and opinions are endorsed by the Committee.

I. R. Dowie, Chairman

Horace Krever

M. C. Urquhart



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# Introduction

This report concerns those forms of therapy which are generally considered by natural and social sciences to rely primarily on the use of suggestion. These forms include hypnotherapy and occult healing systems.

Suggestion may be defined as the process of introducing an idea into a person's mind and bringing about its acceptance without the use of critical argument or rational persuasion. Suggestion also refers to an idea introduced in this manner.

We recognize that the practitioners of Christian Science and Scientology, and most of the other occult healing groups reported here do not accept the "scientific" explanation that the efficacy of their treatment is largely due to "the power of suggestion". These groups attribute the power to heal to other sources: Divine Mind, the Thetan, Life Force, the Innate, spirits, and so on. However, we must restrict ourselves to a study and report of observable phenomena. We therefore deal only with the observable fact that occult systems do have a suggestive therapeutic effect, and set aside without prejudice the question of the actual existence of the sources of healing power believed in by these groups.

The inclusion of hypnosis in the same report with occult healing does not imply either that occult healing involves only suggestion, or that hypnosis is occult. The origins of hypnosis are occult, but so are the origins of most natural and social sciences. It was found convenient to combine hypnosis and occult healing because, from the point of view of the scientific observer, they both involve the phenomena of suggestion.

There is an element of suggestion in the practice of every healing art. The physician's "reassuring bedside manner" and the faith-healer's prayer are aspects of the same phenomenon. Every successful therapist must to some extent inspire faith in himself and his techniques.

In some forms of therapy, suggestion plays a major role. Mechanical, chemical and biological manipulation is incidental or absent. When the application of techniques of suggestion is combined with a scientific method of diagnosis and analysis, we remain within the realm of "medical practice". When suggestion becomes detached from scientific methods and becomes a technique of therapy in itself, we are in the realm of "lay hypnotherapy". The hypnotist who lacks training in any of the accepted disciplines of healing (anatomy, physiology, psychology, and so on) but who uses his skills to alter superficially or to remove pathological conditions is carrying out a healing practice distinctly different from

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that of the medical practitioner. This is true even if the procedures used by the hypnotist happen to be identical with those which would be used by the physician in the same case.

When suggestion is the scientifically observable operative phenomenon of a non-scientific system of healing which is based on mystical or religious explanations of disease and healing, then we are in the realm of "occult healing". The occult healer may, and often does, detach himself from medical art and science by ignoring, or denying the usefulness of, diagnosis and analysis of pathologies. The healer may even introduce the concept of suggestion negatively, arguing that disease and distress are caused by suggestion. Most of the North American occult systems of healing (Concept-Therapy is an exception) deny that their own efficacy, if any, is based on suggestion. Instead they postulate various non-scientific, magical, mystical or hidden sources of healing power. Even Concept-Therapy, which avoids mystical or religious systems of explanation of material reality, tends to attribute far greater power to "psychic" phenomena than would be accepted by medical or psychological science.

Although many occult healers insist that their practice is not a healing art and does not apply medical techniques, the occult healing systems (and more obviously, the lay hypnotherapists) must be included in any complete and thorough study of "all those practising or professing to practise any of the healing arts". Since occult healers compete with medical practice in fact (even if not in theory) and affect the attitude of the general public to, and the employment of, the various forms of healing (including the possible delay of medical treatment until irreparable damage has been done), adequate information concerning occult healing practices is an essential part of the inquiry of the Committee on the Healing Arts.

Even where healing is presented in the form of religious practice, a report on the healing arts in Ontario must include such practice. Whether or not such practice should be included formally in the "healing arts" and subjected to regulations such as those affecting medicine is ultimately a matter for our legislators to decide.

Since we lacked the time and resources for a complete study of lay hypnotherapy and occult healing practice in Ontario (even if such a study were possible), we have restricted our task to selecting a representative sample of the problems encountered in non-medical healing applications of suggestion. We began by examining the whole range of occult groups practising in Ontario and then we chose several, within a limited geographical area, for more detailed study. Toronto offered the widest range of groups. In the case of lay hypnotherapy, the selection consisted of all "Hypnotists" listed in the Yellow Pages directory.



In the case of occult groups, the following criteria were used to select a sample:

- 1) Was there a distinct system of belief (a cultus) which provided a theoretical validation for a specific pattern of treatment for the relief or remedy of human illness?
- 2) Did this system of belief include claims to relieve or cure any condition which might also be considered to be within the scope of the "practice of medicine"?
- 3) Was instruction in, and/or practice of, this system of belief currently available to the general public in Ontario?
- 4) Was this instruction and/or practice more than an incidental part of the whole range of organized activities of this system of belief? Although this was not a conclusive criterion, we were especially interested where groups meeting the above-mentioned criteria met a fifth also:
- 5) Does provision of this instruction and/or practice involve the demand or expectation of fee or reward on the part of those providing it?

Application of these criteria resulted in the following individuals and groups being selected for study in the Toronto area. They are listed in the order presented in the report.

Lay hypnotherapists: Three selected as listed in the Yellow Pages of the Toronto Telephone Directory, May 1967.

Occult healing groups: Church of Christ, Scientist (seven churches)  
Electropsychometry (Psycho-dimensionals)  
Concept-Therapy  
Spiritualist healers (eight churches)  
Faith healing: Oral Roberts Mission  
Other faith healers, and  
so-called "demon-cult"  
Unity Church of Truth  
Ontological centres

The Committee on the Healing Arts received briefs from, and conducted hearings with, the Church of Christ, Scientist; spiritual healers; and one lay hypnotherapist. Excellent cooperation with the work of the Committee was received from most groups.

The methods by which information was gathered and analyzed are reported in Appendix I, "Methodology".

The report itself consists of eleven chapters. Chapter 1 deals with the general origins of occult healing, the close relationship between medical uses of healing

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by suggestion, and the occult applications. Chapter 2 deals with hypnosis and with its application by the three lay hypnotherapists in Toronto. In Chapters 3 through 10, we examine the various occult groups.

It will be noted that as far as is convenient, the chapters follow a general pattern. Definition of the group in very brief terms is followed by a statement of its claims and a description of its doctrine. After giving a brief history of the group, we discuss its organizational structure and the general characteristics of its members or adherents.

The therapy, or technique of healing, used by the group is described, followed by a report on the means by which practitioners are trained. Then the "experience" of the group (in the same sense as an insurance company speaks of "experience" of a particular policy) is briefly examined. Testimonials, proofs of healing, and complaints against the group are considered.

We discuss the regulation of the group's healing practice, which may involve any or all of five categories: internal regulation, in which the group leadership maintains standards of practice; government regulation through legislation and administrative agencies; regulation by judicial decision; regulation by the pressure and effect of public agencies such as the press, voluntary associations and corporations; regulation achieved through action by the medical profession.

Next (where applicable) we consider recognition of the validity and value of the occult healing practice by corporations, government, courts, press, science, voluntary agencies, or by any other external public agency or social institution.

Finally, under the heading, "Evaluation", some of the questions or considerations affecting the ultimate contribution of the group to individual health and social welfare are briefly cited. Conclusions for each case are found in Chapter 11.

# Chapter 1 Occult Healing and Medicine

## History of Occult Healing

Most of today's natural sciences emerged from occult arts: chemistry from alchemy, astronomy from astrology, and modern medicine from primitive magic. The umbilical cord between occult origin and modern outcome has never been quite severed.

The first significant contest between modern *materia medica* and occult healing focused on Franz Anton Mesmer. Mesmer, like all his occult successors, adapted portions of "scientific" ideology to rationalize and sophisticate his occult theories. Natural scientists appointed by the French government rejected Mesmer's theories of "animal magnetism" for lack of experimental evidence, attributing his undeniable success to the workings of the "imagination" of his patients. The failure of these men to recognize that cures achieved by the effect of "imagination" were as worthy of scientific investigation as those achieved by drugs or surgery was to have an incalculable effect on the future direction of medicine.

There was a second early opportunity to develop a comprehensive science of medicine which would include suggestive therapy and thereby, in all probability, prevent the rise of the modern occult healing groups. This was the development of "homeopathy" by Dr. Samuel Hahnemann, late in the eighteenth century. Homeopathy sought to treat the patient rather than attack the disease, and was therefore sharply distinguished from allopathy, which emphasized counteraction of the disease or disorder.

Hahnemann revived an ancient Greek practice of "treating like with like". Attenuated drugs, usually simple herbal remedies, were given to induce symptoms similar to those of the disorder suffered by the patient. This was the reverse of the allopathic principle, which attempted to produce a condition in the patient incompatible with the disorder. The allopath treated fever by cooling the patient; the homeopath induced fever to fight fever. While the allopath tended to regard disease and disorder in the body as breakdowns to be repaired, the homeopath tended to regard illness as evidence of the body's efforts to heal itself.

Jenner's development of smallpox vaccination seemed to confirm homeopathic theory, but Pasteur's work on bacteria provided allopathy with a scientific explanation. Hahnemann had insisted that treatment be varied carefully to suit each individual patient's needs, since the patient, not the disease, was being treated. Pasteur's germ theory of disease, on the other hand, offered a simple



## 6 *Occult Healing and Medicine*

and realizable goal for treating all patients. One had simply to isolate and identify the bacterial cause of each disease, find a counteracting agent, and administer it wherever the disease appeared. Eventually, it would be possible to eliminate the germ entirely.

The success of this approach is known to all. Sulpha, penicillin and other drugs have rendered many previously disabling or fatal diseases relatively harmless and much less frequent. When allopathy incorporated immunization, homeopathy was undermined, and now it has almost disappeared. Importantly, the allopathic emphasis on counteraction of disease-causing agents completely submerged the homeopathic emphasis on the individuality of the patient.

It is interesting to note that during Pasteur's lifetime, a respected physiologist, Claude Bernard, took up the homeopathic emphasis. He gave it a "scientific" explanation, theorizing that the human body possesses a "homeostatic" mechanism which is constantly operating to maintain the health of the body. Bernard argued that if we fall ill, it is because the mechanism is out of order or overwhelmed by forces too large for it to cope with. One of the major objectives of treatment must be the restoration of this mechanism to effective operation.

While some germs and poisons appear to be lethal, no matter what human constitution they attack, even the most fearful plagues do not totally decimate the population. Some recover, and some do not fall ill at all. This suggests that it is important to examine not only the germ, but the "terrain" in which it operates. The medical profession found this concept elusive and complicating, while Pasteur's seemed concrete and simple, promising easier and more substantial results. However, Pasteur himself conceded on his deathbed: "Bernard is right, the microbe is nothing, the terrain is everything."<sup>1</sup>

The concession came too late. Allopathy, emphatically mechanistic in its approach, so thoroughly drove all other forms of medicine from the field that today allopathy and medicine are synonymous. Yet the germ theory of disease may have committed the error of taking a sequence for a consequence. Can tuberculosis accurately be said to be caused by a certain bacillus, when this same agent is found in many healthy persons?

Dr. Arthur Guirdham, a modern critic of allopathy, puts the case strongly:

One day we will realize that immunity and liability to disease are factors inextricably connected with the personality of men . . . . Pasteur retarded the progress of medicine by a hundred years . . . . The germ theory has led us to consider disease as a disembodied entity. It is something that alights ephemerally to feed on the culture medium of stricken man. But personality is not a pabulum for the growth of germs or a stony citadel for their repulsion. It is something which at times admits the

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<sup>1</sup>Brian Inglis, *Fringe Medicine*, Faber, London, 1964, p. 140.

invasion of microbes not solely because of their strength and number but to solve problems of strain and mental conflict. Personality acts as a whole. It determines the tactics of our tissues. Our physical illnesses are often strategic withdrawals from an adverse milieu.<sup>2</sup>

But Guirdham is speaking with the medical insight of the mid-twentieth century. In the mid-nineteenth century, medical practice generally chose to reduce the problem of disease to mechanistic terms, hoping thereby to free itself completely from mystical, supernatural or superstitious antecedents. Psychology opted for the same mechanistic approach, following Wundt's emphasis on experimental material explanations for the phenomena of mind. Intangibles of "suggestion" and "imagination" found little place in the psychologist's study.

Thus medicine and psychology combined to leave the field of suggestive therapy wide open for new occupants. One further factor made the ground still more fertile for modern occult healers.

The great breakthroughs in medical research by Lister, Pasteur and many others had created a new level of expectation that medicine could defeat man's age-old enemies of pain and disease. New accomplishments in engineering, agriculture and public sanitation brought the hope of a healthier, more comfortable life to the lowliest citizen. But it was a long time after many of these advances became theoretically possible that they were actually realized for the average person, especially in the lower classes. Many major killers, such as diphtheria and tuberculosis, were not brought under control until the early years of the twentieth century, although their etiology was understood decades before.

From about 1860 to at least 1900, in the experience of all but the wealthiest classes, there was a very real gap between the ultimate promise and the actual performance in medicine and public health measures. The medieval resignation to disease and pain was gone, but the modern means of accomplishing general health and well-being for the whole population were not yet fully mobilized. The new occult healers exploited the higher level of public expectation of a healthy life and promised much faster results than seemed to be forthcoming from medicine.

## **Occult Healing in the Modern World**

Since the natural sciences thoroughly dominated nineteenth century study and manipulation of the *material world*, the occult healers naturally enough chose the *world of the mind*. But science was the major ideological theme and spirit of the times. It is therefore not surprising that the occult theorists should frame their doctrines, not so much in terms of the magic, mystery and religion of the past (though these certainly did contribute) as in the language and form of the natural sciences.

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<sup>2</sup>Arthur Guirdham, *Disease and the Social System*, Allen and Unwin, London, 1942, p. xi.



The very word "science" was frequently incorporated in the name of the various occult healing systems: Christian Science, Divine Science, Jewish Science, Scientology. The terminology and theoretical concepts of natural sciences were adapted for occult use: magnetism, *odic force*, *ectoplasm*, attunement. Analogies from science became favourite forms of exposition. God could become a radio receiver, to be sent "broadcasts of prayer"; spirit could flow "like an electric current from positive to negative poles".

When the philosophical doctrines of the late nineteenth century "occult sciences" were applied at the practical level of therapy to heal human disease and distress, the therapeutic activity was called "mind cure". The practice of mind cure was attractively simple. One had only to set his own mind thoroughly at ease about the possibility of material misfortune, then one concentrated on the perfect reality of health, prosperity, success and happiness. One got in tune with the infinite and "thought positively". With more or less speed, depending on the degree of attunement, material appearances would soon be found to correspond with the desirable, mentally imposed images.

In principle, medicine and mind cure remain sharply opposed and unrelenting in their respective claims against each other. In practice, there has been a steady process of accommodation. The more "responsible" occult and faith healers have been accorded the respectability of religion, while the occult healers for their part, whether openly or only in private, concede the usefulness of medical care.

By the second decade of the twentieth century, psychoanalysis and other forms of psychotherapy were siphoning off the middle and upper-middle class support of mind cure. "Going to the couch" replaced "getting in tune with the infinite". The social revolution of the female sex in education, commerce and politics, spurred on by the First World War, drew off more support. The sheer technological success of science made the anti-materialist doctrines of New Thought increasingly untenable. By the time of jazz and prohibition, mind cure was a dying social movement.

It is not surprising, then, as the following chapters will show, that occult healing has tended to move out of the area of physical healing during the past several decades. It has moved into an area where medicine is still notoriously ill-equipped to cope—that of emotional disorders and psychological distress.

The International Congress of Para-Psychology at St. Paul, France, noted the paradox of continued occult healing in an age of scientific miracles. "Modern science is defeating itself," they concluded. "What the patient wants is not so much impersonal and technical skill but reassuring personal contact with the healer. As a result, faith healers, instead of fading away, are multiplying all around."<sup>3</sup>

The editor of a Canadian medical journal suggested a parallel problem which he termed "medical backlash". "People are living it up, and then expecting

<sup>3</sup>*Time Magazine*, May 17, 1954, p. 58.

medicine to provide the pills or whatever is needed to mend the damage," he argued. "Patients don't ask their doctors 'Can you help me?' the way they used to. 'Cure me,' they say."<sup>4</sup>

The modern physician has become a kind of demigod, expected to produce results, by a public informed of the latest wonder drug in almost every monthly issue of some popular magazines. Thirty years ago, the average Ontario general practitioner was estimated to have seen fifty patients a week. He is now estimated to be seeing 160 a week.<sup>5</sup> Dr. Ross Mathews, a former president of the Ontario Medical Association, worries publicly about the push towards impersonal medicine,<sup>6</sup> and the doctor shortage is a favourite topic for newspaper features. The trend towards specialization is everywhere deplored, but everywhere undiminished.

Where can the patient go for personal, unhurried consideration of the problem of the "whole man"? Not to the psychiatrists, it would appear. They too are overburdened with work, and may prove less helpful than the general practitioner:

Many patients now are running to psychiatrists only because they are experiencing the normal anxieties and tensions of life . . . . It might take several visits — expensive visits — before the psychiatrist began to understand what the GP knows well. It is also true that because of their training in clinics and hospitals, psychiatrists tend to magnify ordinary upsets and attach an impressive disease label to them.<sup>7</sup>

As psychological insights and self-analysis become part of the popular folklore, there is an increasing demand for healing of emotional and psychological disorders. The overworked physicians cannot meet it. It appears that psychiatric social workers and community service agencies cannot meet it. Moreover, these professionals are frequently part of the "establishment" of which the troubled person may consider himself the victim, and which he distrusts.

The sophistication and intellectualization of the older, more orthodox churches also has contributed to the lack of personal warmth and involvement which at one time met part of the need for a sense of meaningfulness. The current drug phenomenon is one search for a replacement; the new occult groups are another. That they tend to appeal to persons of the same strata, with the same needs, is indicated by the regulation in Scientology that no member may use LSD.

The fundamentalist wing of Protestantism has responded to the demythologizing of religion in the older churches by an upsurge of faith healing. Oral Roberts is an expression of this undercurrent.

Thus, at the present time in North America there are, for purposes of analysis, three interwoven threads of occult healing. There are the occult groups formed in

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<sup>4</sup>Personal conversation with the author.

<sup>5</sup>"Our Doctor Dilemma", *Toronto Daily Star*, March 11, 1967.

<sup>6</sup>*The Telegram*, Toronto, March 11, 1967.

<sup>7</sup>Dr. Ronald Rice, Executive Director, College of Family Physicians. *Toronto Daily Star*, March 22, 1967.

the nineteenth century, which have survived into the twentieth century. Christian Science is the best known of these; spiritualist healing and Unity are the other examples reported here.

Second, there are the fundamentalist faith-healing groups, which have combined the idealist doctrines of mind cure with primitive Christian miracle-working. Oral Roberts is the best known of these, but other faith healers also are reported here. The phenomenon is not limited to fundamentalist Christian groups, as the Toronto St. Mathias Anglican group has recently reminded us (see p. 123).

Third, there are the distinctly twentieth-century groups. These tend to emphasize their "scientific" validation even more than the various healing "sciences" of the nineteenth century. Concept-Therapy, electropsychometry, and Scientology are the three groups reported here.

"Ontology" does not fit neatly into this pattern; it is an extremely eclectic group with characteristics from all the groups mentioned above. This report deals also with hypnosis, but its history and development are reported separately from those of occult healing.

For the purposes of anticipating future developments in occult healing in Canada, it is the third category — the pseudo-scientific twentieth-century occult groups—which are the most important. As we shall establish, the groups in the first category are declining in number and in appeal to the public. Those in the second category will always be a part of Western society as long as Christianity is the basic cultural and ideological tradition. While the majority of Christians will probably become increasingly scientific and naturalist, discarding supernaturalism and mystery, there will remain a small minority who desire a return to the original Christian doctrines, which scripturally presuppose miraculous healing and a demonological theory of disease.

Just as mind cure was a response to deeply felt social needs of the nineteenth century, the particular form of twentieth-century occult groups is a response to current social needs. Since medicine has largely pre-empted the field of physical healing but has so far failed to provide sufficient care for the psychological needs of North Americans, we can expect that it will be the occult groups with an emphasis on psychotherapeutic techniques which will prosper and expand. Unless radical changes take place in the practice of medicine during the next decade, including not only vastly increased resources and personnel, but also a marked shift in emphasis away from mechanistic allopathy towards psychosomatic medicine and psychotherapy, it is reasonable to expect that new occult healing groups will spring up to fill the gap.

## **Suggestion in Modern Medicine**

Our introductory chapter will conclude with some brief considerations of those areas of modern medicine where a fruitful dialogue with occult healing might be



conducted. This material is presented in the introduction, rather than later in evaluation, so that the reader who finds himself extremely dubious of some of the claims of the occult groups may realize that they are not so "far out" after all. He will also be better equipped, when aware of some of the more esoteric areas of medicine, to judge those claims of the occult groups which are truly "far out" and apparently spurious, even after the most liberal interpretation of present medical knowledge.

For centuries, physicians have been aware that under certain circumstances, almost any treatment will cure a patient, provided he believes in it. Placebos (Latin *placebo*—I please) have been especially useful with hypochondriacs.

With the rise of the microbe theory of disease and the search for counteracting drugs, recognition of the important element of suggestion in medical treatment declined. "Specifics" were sought for each pathological condition. However, it has been observed that new drugs used as specifics against a given disorder seem to taper off in their efficacy after a period of time. This could not be completely explained as a consequence of immunity developed by the guilty microbes. A process of "suggestion" seems to be involved in the use of new drugs, which gives them a greater healing power in the initial stages of use than is pharmacologically accountable.

Studies of the role of suggestion are now an important part of medical research, and the "placebo effect" has come to refer to this process. The term placebo in medical research now means an *inactive* substance used in controlled experiments to test the efficacy of a *medical* substance. Starch and lactose are two of the more common placebos used.

Studies of the efficacy of a new drug involve the selection of two groups of comparable patients. One group receives the drug; the other, apparently identical pills or injections, which in fact are of an inert substance. The patients do not know which they are receiving. If it is found that the patients receiving the placebo improve as much as those on the new drug, then the usefulness of the latter is doubtful.

In the light of our examination of the effect of the occult therapies reported in this study, it is of great interest that in the placebo-effect experiments, a refinement called the "double blind" had to be adopted. It was found that if the doctor administering the drug and the placebo to various patients knew which was which, the improvement of the patients was affected, even if they themselves did not know. In one way or another, no matter how careful he might be to conceal it, the physician's knowledge was subtly communicated to the patient. The double blind approach requires that both the doctor administering the drug and placebo, and the patients, be ignorant as to which is which. Only the statisticians conducting the experiment know which patient is getting the drug and which the placebo, and the statisticians are careful never to come into personal contact with the patients.

The necessity for this refinement indicates that there are subtle elements of suggestion in medical treatment which have a therapeutic effect, even though the physician is unaware of them. Moreover, with the double blind refinement, recent medical research has uncovered some startling facts about the efficacy of much-used drugs.

In the summer of 1962 the British Medical Journal published a report of a test of three drugs used in the treatment of the agonizing paroxysmal pain known as angina pectoris: iproniazid, which had been thought to be highly effective, but had liver damage as an occasional side effect; malmide, less toxic but also presumed to be rather less effective; and the tranquiliser meprobamate. All three were tested double blind with placebo controls; and more patients responded better to the placebo than to any of the drugs.<sup>8</sup>

An earlier experiment on tranquilizers, which many physicians and patients still believed to be effective, found that some popular brands were no more effective than a placebo made of completely inert lactose:

. . . a controlled trial was made of five drugs . . . including some of the new tranquilisers which had won a big reputation. The method adopted was quite simple. Patients were selected from the psychiatric out-patient department of a London hospital . . . each patient served as his own "control" because they all took courses of the five different drugs and of a placebo over a period of weeks . . . the only pill which was significantly superior in its effect to the placebo was amylbarbitone — a barbituate . . . here was a test demonstrating that, as a tranquiliser, meprobamate (Miltown and Equanil were its brand names) was not more effective than a pill made of lactose.<sup>9</sup>

The experiments of Dr. Stewart Wolf also have revealed the immense and often unsuspected power of suggestion in medical treatment. On one occasion, a firm sent Wolf a drug to test on asthma patients. He tried it on a difficult patient and it worked. To be certain, he then tried a placebo and it did not work. Just when he thought he had a certain cure, the firm sent him a letter saying they had made a mistake; the packet they had mailed contained placebos.<sup>10</sup> In another study, Dr. Wolf found that

. . . when a placebo was administered to two groups of patients under identical conditions and the acid reaction of their stomachs tested, those who had received the placebo from Dr. A showed an *increase* of 12% in gastric acidity, while those who had received it from Dr. B showed a 15% *decrease*.<sup>11</sup>

<sup>8</sup>Brian Inglis, *op cit.*, p. 35.

<sup>9</sup>*Ibid.*, p. 34.

<sup>10</sup>*Ibid.*, p. 34.

<sup>11</sup>*Ibid.*, p. 35.



The same effect of different physician personalities on the efficacy of a drug is noted by the British Medical Association in its report on faith healing (see page 127).<sup>12</sup>

While suggestion is the most obvious area in which medicine and occult healing may find themselves with a common concern, more recently a second area has attracted attention. This is the problem of the development of immunity through psychotherapy. Recently, a conference of physicians in New York City discussed the *psychological* factors contributing to cancer, a topic which would have been ridiculed only a decade ago. An eminent Toronto physician and professor, Dr. William Boyd, has suggested in his study, *The Spontaneous Regression of Cancer*, that

. . . when the clinician and the experimentalist concentrate on immunity rather than on mortality, statistics and methods of carcinogenesis, we may begin to think of the prevention, the control and the cure of cancer.<sup>13</sup>

Sir Heneage Ogilvie, who has been thinking precisely along these lines, has made a startling suggestion to his colleagues at Guy's Hospital, London:

. . . we all have cancer at 48. What is the force that keeps it in check in the great majority of us? . . . the force is intimately associated with the patient's state of mind . . .<sup>14</sup>

Tentatively he has put forward the suggestion that "the happy man never gets cancer", even though he admits no statistics can be advanced to prove it. Boyd seems to be saying the same thing:

Good health seems to carry some sort of immunity to cancer. When cancer cells are injected or implanted under the skin of a healthy volunteer, they die off and cause no disease; he is immune.<sup>15</sup>

Boyd also observes that some people seem able to "contain" cancer which kills others.

All tumors do not possess unlimited growth energy against which the body is incapable of protecting itself. Even though a cancer is widely distributed throughout the body the patient may continue to live for long periods in good health. A delicate balance is established between tumor and host in which neither seems to harm the other.<sup>16</sup>

Once again, the wheel is turning. We seem to be moving back towards Claude Bernard's warnings of more than a century ago (when Pasteur's germ theory was the new vogue), that the whole patient, *le terrain*, must be considered.

<sup>12</sup>British Medical Association, *Divine Healing and Co-operation between Doctors and Clergy*, memorandum of evidence submitted by a special committee of the British Medical Association to the Archbishop's Commission on Divine Healing, London, 1956.

<sup>13</sup>William Boyd, *The Spontaneous Regression of Cancer*, University of Toronto Press, Toronto, 1966, p. 89.

<sup>14</sup>Brian Inglis, *op. cit.*, p. 150.

<sup>15</sup>William Boyd, *op. cit.*, p. 85.

<sup>16</sup>*Ibid.*, p. 88.

Perhaps the best-known research of modern times which argues for this point of view is that of Dr. Hans Selye of Montreal. Selye found that rats which could normally throw off the effects of a poison would die of the same dose if they were tied down. He suggested the term "stress" to describe situations in which the body's homeostatic controls proved unable to easily cope with disrupting forces. He proposed the concept of a "general adaptation syndrome" to describe the typical pattern of symptoms which accompanied the body's struggle to restore internal equilibrium. His views hark back to those of the founder of homeopathy, Samuel Hahnemann, when he says:

Disease is not mere surrender . . . it is also fight for health, and unless there is fight there is no disease.<sup>17</sup>

Almost no germ is unconditionally dangerous to man; its disease-producing ability depends on the body's resistance.<sup>18</sup>

Selye found in his experimental studies that

. . . general stress tends to suppress cancerous growth. The progress of various types of clinical and experimental cancers is often greatly retarded during stress caused by infections, intoxications and various drugs which cause much nonspecific damage.<sup>19</sup>

Selye seems to be suggesting that certain kinds of general stress on the body occupy the homeostatic mechanism to the extent that an equilibrium with these stress-causing agents (such as alcohol) is achieved, which actually limits the advance of other stress-causing agents (such as cancer). The body seems to treat various stressful agents as if they were "interchangeable". This is precisely the concept which Dr. Arthur Guirdham suggests as a result of his observations of patients in mental institutions.

Guirdham noticed that patients already suffering one completely absorbing disorder seemed immune to other common diseases which were suffered by the surrounding "normal" population. He noticed also that a patient cured of the absorbing disorder would promptly contract some other pathological condition. It was as if the body had come to terms with a certain amount of stress-inducing disease and "needed" this stress to maintain its internal equilibrium. Guirdham concluded that diseases are essentially interchangeable, as alternative expressions of a general neuropathic tendency.<sup>20</sup>

It is obvious from this brief excursion into the pioneer areas of twentieth-century medicine that occult healing may "work" in much more complex ways than was previously suspected. There seems to be more involved than mere suggestion or self-delusion. It is at least possible that occult healing therapy, in

<sup>17</sup>Hans Selye, *The Stress of Life*, McGraw-Hill, New York, 1956, p. 11.

<sup>18</sup>*Ibid.*, p. 168.

<sup>19</sup>*Ibid.*, p. 186.

<sup>20</sup>Arthur Guirdham, *op. cit.*

some manner not yet understood, assists the patient in establishing a higher-level homeostatic equilibrium in which he has less "need" of stressful, diseased conditions. The psychological exertion and ecstatic behaviour often evoked by occult healing may create Selye's "general stress" which in turn inhibits more specific pathologies. Indeed, it is possible that some forms of occult therapy induce a state of mental aberration similar to the forms of mental illness which Guirdham observed to inhibit other common diseases!

In any event, as we now turn to a detailed description of the specific occult healing groups chosen for this study, the reader should be prepared to receive the information presented with an open mind, and the full realization that scientific medicine is only on the frontier of the ultimate explanation of the phenomena of healing.

## Chapter 2 Hypnosis and Hypnotherapy

*Hypnotherapy* may be defined simply as the therapeutic use of hypnosis.

The word “hypnosis” applies both to the condition induced in the subject, and the technique by which it is induced. Many definitions of hypnosis have been suggested, but none is universally accepted. It is difficult to define accurately a process about which much remains to be found out. However, there is general agreement on one characteristic of hypnosis, that of “*increased suggestibility*”.

Dr. Weitzenhoffer’s definition, embracing both condition and technique, is typical:

Hypnosis is a condition or state of selective hypersuggestibility brought about in an individual (subject) through the use of certain specific psychological or physical manipulations by another person (hypnotist).<sup>1</sup>

*Suggestion* may be defined as the process of introducing an idea into a person’s mind and bringing about its acceptance without the use of critical argument or rational persuasion. No reasonable ground is given for acceptance of the idea, yet it will be manifested in the behaviour of the person. *Suggestion* also refers to the idea introduced in this way.

*Suggestibility* is the degree or extent of readiness and capability of an individual to accept a suggestion.

*Suggestibility* must be thought of as a range or spectrum, varying with the individual himself according to his physiological and psychological condition, and varying between individuals. Some adults are more suggestible than others at any given time, but any adult is more suggestible at some times than at others. On the average, children are more suggestible than adults.

The majority of persons are open to suggestion without the use of any hypnotic technique whatever. Hypnosis simply increases their suggestibility. Thus hypnosis is a part of a range or spectrum of normal, wide-awake human behaviour. There is no sharp, definitive border between “normal” states of suggestibility and hypnosis. In fact, some adults are more suggestible while “wide awake” than others are under hypnosis. This is an important fact to remember whenever anyone warns against the dangers of hypnosis.

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<sup>1</sup>A. M. Weitzenhoffer, *General Techniques of Hypnotism*, Stanford University Center for Advanced Study, Grune and Stratton, New York, 1957, p. 32.



It is important for the reader to disabuse himself of the many popular conceptions of hypnosis. We are not dealing with a black art practised by Svengalis who entrance unwitting subjects by compelling stares and reduce them to helpless puppets. These misconceptions (furthered by popular media, such as the comic strip, "Mandrake the Magician") arise from the history of the development of hypnosis.

## **History of Hypnosis**

Hypnotic techniques for increasing suggestibility were known and practised among the ancient priests of Egypt and Greece. "Temple sleep", as the condition was called, was used for healing purposes. A sick pilgrim would spend the night in the temple, while skilled priests implanted suggestions of healing in the form of a "visitation by the god". Some temples were internationally renowned for their cures.

It was not until the late eighteenth century that a non-religious explanation and application of the phenomena of suggestion was put forward. Franz Anton Mesmer, who set up a healing practice in Paris in 1778, was the first to propose a naturalistic, secular theory and practice of hypnosis, but he did not call it that. His term was "animal magnetism". Unlike the religious application, animal magnetism did not depend for its effect on either the saintliness of the healer or the faith of the sufferer.

Mesmer argued that there was a "magnetic fluid" in the environment, similar to the hypothetical "ether" in which radio waves are said to move. By certain manipulations it was possible to direct this magnetic force for healing. His patients sat in a circle around a large tub filled with iron filings, each holding a rod projecting from the tub. Mesmer and his assistants generated a mood of enthusiasm, expectancy and even frenzy in the patients, and healings often resulted.

The French government appointed a commission of scientists, including Antoine Lavoisier and Benjamin Franklin, to investigate. They reported that there appeared to be no scientific validity in Mesmer's theory, nor efficacy in his healing tub. The healings, while admitted, were attributed to the workings of the patients' "imagination". Mesmer was branded a charlatan and driven from Paris.

In 1841 a Manchester physician, James Braid, became interested in the fact that he could induce a condition resembling sleep in some patients, by staring fixedly into their eyes. He invented the word *hypnosis*, from *hypnos*, the Greek for "sleep". The possibilities of hypnosis in medicine began to interest physicians. Towards the end of the nineteenth century, a French neurologist, Jean Martin Charcot, demonstrated therapeutic use of hypnosis.

Finally in 1882, a century after Mesmer's disgrace, the French Academy of Medicine officially recognized the legitimate medical uses of hypnosis. Another



three-quarters of a century passed before the British, American and Canadian medical associations followed suit. The legacy of superstition about hypnosis, or "Mesmerism" as it was derogatively named, has been a long time disappearing.

Would-be healers outside the medical profession were not so reluctant to take up the techniques introduced by Mesmer. "Animal magnetism" became a popular healing technique in the early nineteenth century, and remained so until the twentieth. Both "Dr." P. P. Quimby, a predecessor of Christian Science, and "Dr." Daniel D. Palmer, founder of chiropractic, began as animal magnetists. Since it is no more difficult for the average person to learn hypnotic techniques than to learn to drive an automobile,<sup>2</sup> hypnosis became popular as an entertainment technique. Together, the stage hypnotists and animal magnetizers of the nineteenth century gave hypnosis an occult reputation it has yet to live down.

A survey in 1963 by *Medical Economics* magazine showed that less than 4 per cent of American physicians used hypnosis.<sup>3</sup> Our own survey of Metropolitan Toronto physicians found only 3 per cent trained in hypnosis, while a further 9 per cent had at one time or another referred a patient for hypnotherapy.

Thus hypnosis is still rarely used, despite the fact that a decade ago the American Medical Association resolved that "there is a significant place for hypnosis in modern medical practice". The AMA was followed in its judgement by the Canadian Medical Association in 1963. The Canadian report noted that "hypnosis has a potential contribution to make in any condition for which psychotherapy may be effective. Hypnotic techniques may shorten the time required for the investigation and/or treatment of pathological conditions which are functionally determined or organic conditions with a functional overlay and feedback".<sup>4</sup>

Numerous new drugs are adopted for use even without such official recognition and, once widely recognized, are in use in every physician's office in a matter of months. But numerous factors combine to delay the application of hypnosis, including the mechanistic predisposition of modern medicine (outlined in Chapter 1), the occult legacy of hypnosis, popular distrust and superstition, and the time and expense of acquiring skills in hypnotic techniques. There is still no Canadian medical school offering training in hypnosis as a regular part of the physician's instruction.

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<sup>2</sup>George H. Estabrooks, *Hypnotism*, Dutton, New York, 1957, p. 48; A. M. Weitzenhoffer, *op. cit.*, p. 3.

<sup>3</sup>Lewis R. Wolberg, *Medical Hypnosis*, Grune and Stratton, New York, p. 25.

<sup>4</sup>*Canadian Medical Association Journal*, Vol. 89, November 16, 1963.

## The Phenomena of Hypnosis

Hypnosis itself is not a therapy; it is a technique by which therapeutic suggestions may be induced in the patient. Simply, the patient is treated *under* hypnosis, not with it. In fact, it is very difficult to prove that a specific psychophysiological condition which could be called "hypnotic" even exists.<sup>5</sup>

A very common reaction following a subject's first experience with hypnosis is disappointment, and the insistence that he was not hypnotized at all, because he remained conscious of everything that happened.<sup>6</sup>

Another popular misconception about hypnosis concerns the possibility of using its techniques "against the subject's will". The subject's cooperation is essential, but it can be obtained by deception or by reducing the will to resist (for example, through fatigue). It must be borne in mind constantly that hypnosis is simply a variety of processes for increasing the likelihood that the hypnotist's suggestions will be accepted and implemented. There are, of course, other ways besides hypnosis for persuading individuals to do things they *might not* do under "normal" conditions.

Can a person be hypnotized against his will? That, to a hypnotist, is a silly question. No psychologist who regards himself as an authority in his field would waste his time trying to do so. He would use the disguised technique, a device well known to the research analyst . . . . The question should be asked, "Can a man be hypnotized without his consent?" The answer is an emphatic "Yes".<sup>7</sup>

However, a subject deceived into cooperation would still be aware that he is being asked to do certain things, and if these actions violated his basic moral standards, he would return to a full "waking" state, in which he would probably refuse to carry out the instructions.

The gradual and imperceptible gradient between waking states and hypnosis is emphasized in "waking suggestibility":

There seems to be little question now that hypnotic or at least hypnotic-like phenomena can be brought about without going through typical induction procedures . . . . Definite evidence suggests that it is possible to begin with simple waking suggestions, proceed to increasingly complex ones, and without ever saying a word about sleep, relaxation or anything else usually associated with the induction of a trance state, conclude with a subject in relatively deep hypnosis.<sup>8</sup>

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<sup>5</sup>Lewis R. Wolberg, *op. cit.*, p. 23.

<sup>6</sup>*Ibid.*, p. 53.

<sup>7</sup>George H. Estabrooks, *op. cit.*, p. 14.

<sup>8</sup>A. M. Weitzenhoffer, *op. cit.*, p. 45.

This observation is relevant to the study of occult systems of healing. The doctrines of some groups reported here include a strong denial of any use of suggestion or hypnotic techniques. However, it is obvious that what these groups deny is the popular misconception of hypnosis, and that in fact the process of suggestion is certainly involved.

It is also important to note that suggestion is involved in the physician's practice. Every physician attempts to inspire confidence in himself and his treatment, and to reassure the patient. Physicians also are careful to withhold negative information or unfavourable prognosis as long as possible, or until the patient is prepared to receive it. They "emphasize the positive" and thus inspire faith. Suggestion is an important technique in effective teaching and, indeed, in any activity in which one individual seeks to help or influence another.

However, *hypnotic techniques* for increasing suggestibility of a subject, when effectively applied, produce a variety of phenomena not usually found in everyday forms of suggestion.

Using hypnotic techniques, a subject's field of awareness can be restricted so that every source of stimuli other than the hypnotist is diminished or excluded. The hypnotist can also turn this focus of attention over to another person. Thus a physician who finds himself ineffective in hypnosis (perhaps because of a poor voice) could direct a hypnotist to produce the desired depth of suggestibility, then turn the patient's attention to the physician, who implants the suggestion required.

Awareness of time can be changed by hypnosis. Acuteness and control of sensory perception may be altered. Anaesthesia can be achieved. These phenomena are not to be confused with those of "normal sleep". A sleeping person does not respond to stimuli in the same way as a hypnotized subject: the muscles usually are limp and flaccid in sleep, but are not so in hypnosis unless this is suggested. Reflexes which are diminished in sleep are normal under hypnosis. Electrocardiographic, respiratory, electroencephalographic and psychogalvanic characteristics under hypnosis are closer to those of the normal waking state than to those of normal sleep.<sup>9</sup>

Some of the most colourful myths about hypnosis concern a favourite stage technique: *posthypnotic suggestion*. Actually the technique of increasing the suggestibility of a person in order to implant a suggestion on which future action is requested is a common one in everyday life. For example, a school teacher may prepare her pupils for an important final examination by surprising them with a difficult test a few days before. In the consequent period of anxiety, as the pupils contemplate their low marks on the test, she emphasizes the importance of study for the final examination. The students, who are suggestible within this context, will study harder.

<sup>9</sup>*Hypnosis*, Vol. XII, No. 1, p. 8.



"Contrary to the beliefs of many people, simple posthypnotic suggestions can be readily produced with a relatively light trance," Weitzenhoffer points out.<sup>10</sup> It is the apparently "compulsive" characteristic of posthypnotic suggestions which gives rise to popular misconceptions. A suggestion implanted during hypnosis *can* be resisted. It simply takes more effort. The deeper the "trance" (the extent to which the subject has surrendered his critical faculties and opened himself to suggestion), the greater the effort required later to resist implementing the suggestion.

Of course, posthypnotic suggestions are carried out in periods of normal "waking" possession of critical faculties, and the subject will be loathe to admit that he is doing something in response to motivation "exterior" to himself. This is especially true if he was instructed during the hypnotic process to forget completely that the posthypnotic suggestion was implanted, and to act as if the idea were his own. It is even more true if the action called for seems irrational or ridiculous.

Physiological phenomena of hypnosis such as anaesthesia are becoming increasingly well known, for example in "painless childbirth". The possibilities of using hypnotic suggestion to restrict blood flow in surgery still remain largely unexploited. Hypnosis also can affect body temperature in very suggestible subjects. Weatherhead reports a case where the subject's temperature was altered in a range from 96 to 104 degrees in a matter of minutes, with thermometer confirmation.<sup>11</sup>

The phenomenon of rapport between hypnotist and subject is akin to that of transference in psychotherapy and that of charisma in the sociology of religion. In hypnosis, the restriction of the subject's attention to the hypnotist tends to build a personal relationship which can be exploited for beneficial effects (or otherwise, of course).

There are two potential risks in this rapport. The hypnotist may become so personally involved, and reap such ego-gratification, that he attempts to treat the patient in problems outside his field of competence. On the other hand, the patient may become dependent on this emotional rapport so that recovery, and independence from the practitioner, is delayed. As several Toronto psychologists pointed out, the regular practice of hypnosis tends to attract persons who enjoy wielding greater than usual suggestive power over others, while treatment by hypnosis tends to attract the more credulous and suggestible portion of the population.

*Self-hypnosis* is not difficult for most persons to master and can be taught by any competent hypnotist (or be self-taught). All hypnosis is, in the last analysis,

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<sup>10</sup>A. M. Weitzenhoffer, *op. cit.*, p. 277.

<sup>11</sup>Leslie D. Weatherhead, *Psychology. Religion and Healing*, Hodder & Stoughton, London, 1952, p. 122.



auto-hypnosis. An individual trained to increase his own suggestibility may run certain risks:

The hypnotist who gives an individual this ability has a responsibility to see that the subject does not harm himself with it. The indiscriminate training in self-hypnosis of disturbed individuals as a form of therapy must be strongly condemned. Only a normal, mature, intelligent individual who fully understands the limitations and dangers of hypnosis should be taught . . .<sup>12</sup>

Weitzenhoffer recommends that when a subject is assisted in achieving auto-hypnosis by the implanting of helpful suggestions to this effect under hetero-hypnosis, these suggestions should include restrictions against the use of auto-hypnosis for achievement of harmful hallucinations, and instructions to consult a physician if any symptoms "treated" by auto-hypnosis persist.<sup>13</sup>

## Techniques of Induction

Hypnosis is a learning experience in which most persons can attain some skill, but relatively few people are able to achieve the deepest stages of hypnosis. Hull has summarized the work of a number of observers, covering more than 10,000 cases, and has found that about 10 per cent of the population are uninfluenced by any hypnotic technique. About 32 per cent are capable of a light trance, 35 per cent a deep trance, and 22 per cent a "somnambulistic" (very deep) trance.<sup>14</sup>

There are almost as many variations in technique as there are hypnotists, each having his own favourites. However, we can group techniques into several general classes (though these are not mutually exclusive).

*Objective* techniques are primarily physiological. Hypnosis is achieved by concentration of the attention on a fixed or rhythmically moving object or point of light. Rings, coins, jewels, a swinging bob, or an elaborate "Brainwave Synchronizer" machine with pulsating light and sound, all answer the purpose. The same effect may be achieved by staring at the white dashes painted on a highway, flashing by in the headlights at night.

*Suggestive* techniques are those in which verbal or non-verbal stimuli of a psychologically effective nature are employed (always remembering that no hard and fast lines can be drawn between the psychological and physiological). "Sleep talk", or a patter of relaxing words, or "progressive relaxation" of the body by music, words, a comfortable position and dimmed lights, or the use of a tape-recorded patter of soothing words in reassuring tones, all fall in this category. While "objective" techniques rely mainly on a mechanical fixation, suggestive techniques lull and seduce the subject into the desired state.

<sup>12</sup>A. M. Weitzenhoffer, *op. cit.*, p. 319.

<sup>13</sup>*Ibid.*, p. 318.

<sup>14</sup>Lewis R. Wolberg, *op. cit.*, p. 107.

*Command* techniques, on the other hand, tend to bully or coerce the subject into accepting suggestion. Whether verbal and primarily psychological, or with physiological aids, command hypnosis overwhelms the subject into cooperation and compliance. It is frequently used in military training (though not by this name), when forceful and repeated commands produce an automatized response. It can be used in brainwashing. For obvious reasons, it is rarely used in medicine.

Whatever technique is employed, hypnosis is a learning process. A subject who responds very little in the first induction may learn over a number of sessions to achieve a deep trance. Some can "learn" to become more suggestible than others. A "good subject", after a few sessions, will be capable of going into a deep trance at the count of five by the hypnotist, while an extremely suggestible subject can go into a deep state at a simple signal.

## The "Dangers" of Hypnosis

As we have repeatedly emphasized, hypnosis is a range of states of suggestibility on a continuum which includes everyday life. One of the reasons for the paucity of documentation on the "dangers of hypnosis" is the fact that it is almost impossible to say for sure that any given behaviour can be directly linked with hypnosis, in terms of cause and effect. The problem is rather similar to that of specifying the dangers of alcohol.

The first danger or risk is that it is impossible to accurately predict what specific phenomena will occur when any given subject is hypnotized. An incompetent hypnotist may find himself called upon to handle problems for which he is ill equipped.

Second, there are certain spontaneous phenomena which appear in some subjects without their being suggested, and for no apparent reason. Amnesia, catelepsy and even hallucinations may occur. This has been explained both in terms of hypnosis dissolving conscious resistance and permitting subconscious expression, and in terms of latent suggestion in the mind of the subject because of what he has heard or read about hypnosis.<sup>15</sup> In any event, the hypnotist may find manifestations in his subject which he has not instructed and does not desire.

Third, there are interrelationships among the various contents and capabilities of the mind, such that hypnotic interference with one portion may unpredictably disrupt others. Erickson, one of the most respected research authorities in the field, discovered a number of apparently unrelated spontaneous psychosomatic manifestations, such as disorders manifested in vision as a result of suggestion concerning deafness.<sup>16</sup>

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<sup>15</sup>*Ibid.*, p. 30.

<sup>16</sup>*Ibid.*

A Toronto psychologist reported similar experiences of the interrelatedness of mental content and operation. For example, a subject had a poor memory. Hypnosis helped to improve her memory, but she began recalling traumatic experiences which her poor memory had been functional in suppressing. The result was development of anxiety and depression. Smoking and overeating also can hide more severe disorders. Thus a hypnotherapist who tries to justify his lack of training in psychology and psychotherapy by arguing that he treats only "simple problems" like overeating, may actually be interfering with intricate self-protective personality structures he is not equipped to understand or manipulate.

This relates to a fourth "danger", that hypnotherapy may treat only the symptoms of what is in fact a serious organic disorder. If this is known and understood, the results can be quite beneficial. For example, with terminal cancer patients, hypnotic suggestion may make life less painful and unhappy. But if symptoms of an organic disorder are removed while the disorder itself is unaffected, delays may result which convert a curable disorder into a fatal one.

Fifth, incompetent use of hypnosis may have after-effects resulting from failure to completely remove any unwanted suggestions accidentally induced during hypnosis. It is much easier than might be imagined to accidentally induce suggestions. Moreover, under hypnosis the subject's mind tends to take things extremely literally. (For example, when instructed to raise his hand, the subject may do exactly that, raising his hand at the wrist, rather than the more normal raising of the whole forearm.)

Sixth, a hypnotist may be shaken by an unexpected reaction on the part of the patient and may thereby cause harm to the patient. For example, it may be difficult to wake the subject up. (Some subjects find the pleasant lassitude of hypnosis preferable to returning to a wide-awake state.) There are techniques for handling such eventualities, but obviously panic on the part of an inexperienced hypnotist is not one of them.

Seventh, in a small number of cases, the attempt to induce hypnosis may itself precipitate a severe physiological reaction. A "Brainwave Synchronizer" set at the wrong speed for a subject who is troubled by occasional epileptic fits will produce a seizure. Hysteria, convulsions, and uncontrollable fits of laughing or crying have been known.<sup>17</sup>

In spite of all these possibilities, the total documentation of harmful results of hypnosis is extremely limited. When the California Medical Association urged legislation to bar hypnosis except by physicians, the investigating Committee of the Assembly invited the Association to submit examples. The medical spokesman verbally promised "fifteen cases" but none was ever presented.<sup>18</sup>

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<sup>17</sup>*Ibid.*

<sup>18</sup>Report No. 36, Vol. 9, 1963-65 California Assembly Reports.



The American Medical Association has urged the following precautions in the use of hypnosis:

. . . hypnotic techniques should be used within the scope of the professional training and competence of the physician or dentist who employs them; . . . a physician should use hypnosis in undertaking only such procedures as he would be qualified to undertake without it; . . . hypnosis should be used on a highly selective basis in accordance with specified indications and contraindications . . . should be used in association with other techniques, never becoming a single technique used under all circumstances . . . should be employed only by professionally qualified individuals who have received proper training in its use.<sup>19</sup>

The Canadian Medical Association has recommended:

Because the induction of the hypnotic state constitutes a profound interference with an individual's fundamental mental and physical mechanisms (physicians should have an understanding of) . . . the basic principles of psychiatry and certain psychiatric skills.<sup>20</sup>

An adequate physical examination also is recommended before the use of hypnosis.

## **Lay Hypnotherapists in Ontario**

As in the case of occult healing groups, our study was restricted to Toronto (where most of Ontario's lay hypnotherapists are in practice).

The Yellow Pages telephone directory for Toronto, 1967, lists four persons under the entry "Hypnotists". One of these indicated that he did not wish this particular designation, but accepted it in the absence of a better. He is reported elsewhere.

Every effort is made in the following paragraphs to avoid identification of the three hypnotherapists when dealing with disapprobatory details, since our task is to consider the general problem of the lay practice of hypnotherapy rather than to criticize individuals.

Hypnotherapist "A" advertises under the Yellow Page entries for Marriage and Family Counsellors, Churches, and Schools, as well as under Hypnotists. He also has a detailed listing in the White Pages.

Hypnotherapist "A" obtained a B.R.E., B.Th., M.Th., Th.D. and Ph.D., all at Philathea College of London, Ontario, between 1961 and 1966. The college is a private corporation which the Ontario Department of University Affairs describes as "not recommended" and which the Association of Universities and Colleges of Canada lists as "unaccredited".<sup>21</sup>

<sup>19</sup>*Journal of the American Medical Association*, May 26, 1962, p. 697.

<sup>20</sup>*Canadian Medical Association Journal*, Vol. 89, November 1963, p. 1045.

<sup>21</sup>Confirmed by the AUCC, August 10, 1967, in a letter to the author.



Hypnotherapist "B" does not publicly claim any academic degrees. Hypnotherapist "C" holds a degree of Bachelor of Arts in Psychology from the University of Toronto. Both advertise periodically in the "Business Personal" columns of Toronto daily newspapers.

Of the three lay hypnotherapists, only "A" was explicit in reporting his training in hypnosis. He has more than 600 hours of training, including a degree course at the College of Somnotherapy and Psychology in London, England, and various seminars with several of the more prominent American hypnotists, including medical practitioners. His Philathea College training included psychology. He is also a minister in an evangelical denomination, and prefers to be designated a pastoral counsellor who uses hypnosis, rather than a lay hypnotherapist.

Hypnotherapist "C" was a well-known stage hypnotist before entering his present practice, and received much publicity in the press and other media. Hypnotherapist "B" did not report the means by which he became an experienced hypnotist.

## **The Practice of Lay Hypnotherapy in Toronto**

The three hypnotherapists vary from a formal, professional, businesslike and well-organized practice to one of extreme informality, disorganization and financial chaos. Hypnotherapist "A" has a quiet, well-equipped and dignified office, a competent receptionist, careful files, and a reassuring, professional approach. Hypnotherapist "B" has a small, cluttered office, no receptionist (which means sessions with patients are interrupted by answering the telephone), crowded files, and a quiet but uninspiring manner. Hypnotherapist "C" frequently misses appointments, "kids around" with his patients (for example, pulling a hammer out of his desk to playfully threaten a stubborn patient), operates in a large but barren office, maintains chaotic accounting of funds, and inspires very little confidence at all. He is also the only one to recommend to his patients that they use tranquilizers to facilitate hypnosis.

While all three hypnotherapists claim that some of their patients come by referral from various professionals (physicians, dentists, psychologists and ministers of religion) with the proportion varying from "about 10 per cent" to "the great majority", our survey of Metro physicians by anonymous questionnaire showed that only two physicians had referred a patient to a lay hypnotherapist in the past five years (see Appendix III).

One of the hypnotherapists named a certain registered psychologist as having referred a patient, and provided some details. When these were checked with the psychologist, we found he had no knowledge of either the case or the hypnotherapist. On the other hand, one of the three was favourably recommended by a well-respected Toronto clinical psychologist, who had referred patients and was satisfied with the results.

The fees charged by the three hypnotherapists vary somewhat, but fifteen dollars per office visit seemed a typical figure. This information came from a small number of patients, who were also consulted privately concerning their opinions of the value of treatment received.

These opinions varied sharply. One young insurance salesman credited the *least* professional of the three hypnotherapists with worthwhile improvement in his nervousness, and felt he had received good value for his ninety dollars worth of treatment. Paradoxically, two patients of the hypnotherapist recommended by the psychologist were convinced that his treatments had been of no value whatever.

While all three practitioners stated that they always ascertained that new patients had a recent medical examination, in two cases patients positively confirmed that no such question had been asked of them.

One hypnotherapist conducts weekly "classes" in self-hypnosis. These are free to his regular patients under private treatment, or seven dollars and fifty cents per class for non-patients. Several of these classes were observed, and proved to be little more than drills in "positive thinking" of the "win-friends-influence-people" variety. Two teenage boys were hypnotized as a demonstration. Both went completely limp at the count of five, indicating that the private treatment which they were currently receiving had made them quite susceptible to the hypnotist's influence. One young man was observed to sit through a two-hour class sound asleep under the influence of a tranquilizing drug. On another occasion, a young man discussed with this hypnotherapist how far in advance of his next appointment he should take his pill. Another patient reported that if he had the physician in to the office to administer a drug prior to hypnotherapy, the hypnotherapist's total fee (including the physician) was twenty-five dollars rather than fifteen.

In contrast, another of the hypnotherapists conducts classes for terminal cancer patients in a quiet, relaxing and comfortable environment, and with a highly professional manner. It is important not to generalize the less favourable aspects of one practitioner to all three.

## **Regulation of Hypnotherapy**

The current legislation affecting the practice of hypnosis in Ontario, the Hypnosis Act, forbids the practice of hypnosis by any person, except by a physician, a dentist, a psychologist under the direction of a physician, or such persons as may be permitted under the Regulations. These permit lay practitioners to remain in practice if they have earned at least \$2,500 per year in five years of practice prior to 1961.

All three Toronto lay hypnotherapists practise under the Regulations. Although we have indicated that not all of them meet "professional" standards of practice, it must be noted that no formal complaints have ever been laid against any of the three. Neither the police, Better Business Bureau, College of Physicians and

Surgeons, nor any social agency contacted, had any record of complaints. In fact, the only public attention to hypnotherapy in recent years was drawn to a resident of Don Mills (Mr. "X"), who was using hypnosis to assist his own and neighbourhood children with school studies. No charges were laid.

Recommendations concerning the regulation of hypnotherapy in Ontario were received by the author from Mr. "X" and Hypnotherapist "A". Neither approves of the existing legislation. Also, it could be safely inferred from the statements of the Canadian Medical Association that present Ontario legislation does not meet their standards either. The legislation conflicts with CMA policy on two counts: 1) the Hypnosis Act seems to assume that any physician should have the right to practise hypnosis, without regard for his competence in this special skill; 2) the Act permits non-professional, psychologically unqualified persons to continue in practice (under the Regulations) with no other requirement than a minimum income over five years of practice prior to 1961.

Our survey of legislation in other jurisdictions (see Appendix II) found that about half the jurisdictions reporting restrict the practice of hypnotherapy directly or indirectly, but few restrict other uses of hypnosis. The Ontario legislation is one of the most restrictive, since it forbids all hypnosis, including its use by private individuals on family or friends.

In urging that such restriction was unnecessarily extreme, both Mr. "X" and Hypnotherapist "A" cited the Report of the Interim Committee on Public Health, of the California Assembly. This Committee rejected a California Medical Association request for restrictive legislation on hypnosis, stating that such legislation was unnecessary. Both Mr. "X" and Hypnotherapist "A" apparently failed to note the reason for the Committee's decision. It was the fact that the California courts had already issued an interpretation of the existing medical legislation, including hypnotherapy as part of the "practice of medicine", which of course was restricted to registered physicians. Even the use of hypnosis to control overeating fell within this restriction. It is doubtful that Mr. "X" and Hypnotherapist "A" desired the same regulation in Ontario.<sup>22</sup>

Both Mr. "X" and Hypnotherapist "A" urged that two classes of practitioners of hypnosis should be recognized: hypnotherapists, and hypnosis technicians, and both recommended a government agency for licensing. They appeared to differ, however, in their concept of the role of the hypnosis technician. Mr. "X" would allow technicians to practise without supervision by a physician, for "beneficial" but "non-therapeutic" purposes, such as personality improvement and education. Hypnotherapist "A" would allow technicians to practise only under the direction (but not necessarily the direct personal supervision) of a physician.

The recommendation for two classes of practitioner is based on a distinction between hypnosis as a technical process in itself, and its application to therapy.

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<sup>22</sup>California Assembly Reports, *op. cit.*



As a technique, hypnosis is time-consuming and can be done effectively by someone who simply has a suitable voice, confident manner, and considerable experience. Many physicians who might wish to use hypnosis for therapeutic purposes lack the time or the experience. They could use a technician, whose role would be similar to that of an anaesthetist in surgery.

Hypnotherapy, on the other hand, would be limited to those with adequate training in psychology, interviewing, and other skills to be able to conduct psychotherapy professionally. This would be in line with the position of the medical associations that hypnosis should not be a therapy in itself, but a tool to be used within existing disciplines by those qualified to carry out various forms of therapy. Hypnotherapist "A" would expand on the usual groups, (physician, dentist, psychologist), however, to include qualified ministers of religion. He recommended that licensing should be done by a Board made up of persons such as psychologists, rather than physicians.

## Evaluation

In evaluating the lay practice of hypnotherapy, we must keep a number of factors in mind. On one hand, there are the potential risks of misuse, which seem to have proved more worrisome in theory than they have in practice. Against the caution of the physicians must be set their distinct reluctance to employ a technique which they have officially recognized as valuable.

The lay hypnotherapists in Toronto have limited their claims to reasonably moderate scope—"personality, sexual and marital problems, overeating, excessive smoking", and other psychological disorders of that scale. Against this must be set the psychologists' warnings that one cannot deal with such problems piecemeal.

Although no formal complaints have been made against the Toronto lay practitioners, in our survey of Metro Toronto physicians twenty-seven of the 556 doctors replied that they had treated a total of sixty-five patients who had previously sought a lay hypnotherapist's aid. In only twenty-one cases did the physician believe that damage had resulted, the majority because the hypnotherapist apparently had attempted to treat a psychosis (see Appendix III).

The lack of suitable training facilities for physicians remains one of the major bottlenecks in hypnotherapy. The American Medical Association has produced a detailed course program which would require at least 144 hours over nine to twelve months, including both theory and clinical experience. This training is much preferred to the common "seminar" or "weekend" courses, which do not involve clinical experience.

The possibility of permitting a "limited" practice of hypnotherapy to practitioners not qualified in the regular disciplines taught in the universities presents the same difficulty as we will encounter in the practice of occult healing. How can a practitioner unskilled in psychology determine which disorders it is safe for him to treat and which should be referred elsewhere?



## Chapter 3 Christian Science

The Church of Christ, Scientist, is a century-old Protestant denomination of American origin, founded by Mrs. Mary Baker Eddy. The healing of all forms of illness and distress of the members is the major goal and activity of the Church. The healing is founded on the metaphysical doctrine that all material substance, including the human body, is completely unreal.

### Claims

Christian Science claims to free man from the illusion of sin, disease and death by the knowledge that these errors of human mind are unknown to God, Divine Mind. It claims that physicians actually promote human suffering by diagnosing disease; any cures achieved by *materia medica* are merely the effect of the mistaken belief of the patient in the efficacy of the treatment. Christian Science claims to be inspired and immutable Truth, based on the Holy Bible and the example of Christ, but revealed in our times through Mrs. Eddy. Because it is unique, and superior both to natural sciences and to all other occult forms of healing (or so it is claimed), the practices of medicine, hypnosis, spiritualist healing and faith healing are all specifically refuted.

The ultimate objective of Christian Science is to replace all other forms of healing, which are said to be founded on error. However, the Church has always sought to avoid regulation as a healing art, through constitutional guarantees of the freedom of religion.

The official spokesman of the Church in Ontario, the "Christian Science Committee on Publication", Leslie Tufts, informed the Committee on the Healing Arts that "the practice of Christian Science is wholly the practice of religion. In no way is it connected with medical or material methods of healing".<sup>1</sup> The Church's Brief to the Committee cited numerous examples of legislative exemption of Christian Science from regulation of the healing arts.

However, it is interesting to note that the same "Committee" (Mr. Tufts) recently appealed to the Workmen's Compensation Board of Ontario for recognition of its practitioners equivalent to that granted to the medical profession, using the argument: "to a Christian Scientist, healing through prayer is an integral part of his religion; in fact, the practice of his religion and the healing work are inseparable."<sup>2</sup> Thus, while claiming exemption as religion, the Church wishes

<sup>1</sup>Brief to the Committee on the Healing Arts by the Church of Christ, Scientist, p. 18.

<sup>2</sup>Brief to the Workmen's Compensation Board of Ontario, August 10, 1966.

recognition as a form of healing which workers covered by the Compensation Board could employ in place of medicine, and for which treatment the practitioner would receive payment of fees by the Board on the same basis as a physician.

Although presented in the form of a religion, healing has always been the central activity of Christian Science:

Healing the sick and the sinner with Truth demonstrated what we affirm of Christian Science, and nothing can substitute for this demonstration. I recommend that each member of this Church shall strive to demonstrate by his or her practice, that Christian Science heals the sick quickly and wholly, thus proving this Science to be all that we claim for it.<sup>3</sup>

Christian Science has always regarded material medicine as mistaken and physicians, though well-intentioned, as a source of the illusion of pain and suffering:

The hosts of Aesculapius are flooding the world with diseases, because they are ignorant that the human mind and body are myths . . . .<sup>4</sup>

The only effect produced by medicine is dependent upon mental action.

If the mind were parted from the body, could you produce any effect upon the body or brain by applying the drug to either?<sup>5</sup>

Mrs. Eddy foresaw a long period of struggle with tenacious error propagated by the medical profession, but never doubted the outcome.<sup>6</sup> In the interim period, she instructed the practitioners of Christian Science not to treat those who wished to have medical care: "If the individual expresses a desire for medical aid, the practitioner withdraws from the case."<sup>7</sup> This means that whenever a member of the Church suffers pain and sickness, he or she must make a choice between Truth (the Church) and error (medical care).

Mrs. Eddy did permit a variety of compromises, especially as she herself grew older and began to use morphine.<sup>8</sup> The compromises are temporary, however, pending the eventual triumph of Christian Science, and are in no way compromises of principle or of the full claim of healing.

Mrs. Eddy stated her claims for Christian Science not only in opposition to those of medicine, but also to those of all other occult healing systems. She vigorously opposed the use of hypnosis and argued that disease is often caused by its very suggestion. Even the names of diseases should not be spoken or thought

<sup>3</sup>*Church Manual of the Christian Science Mother Church*, Article 30.

<sup>4</sup>Mary Baker Eddy, *Science and Health with Key to the Scriptures*, Published by the Trustees under the Will of Mary Baker A. Eddy, Boston, U.S.A., p. 151.

<sup>5</sup>*Ibid.*, p. 407.

<sup>6</sup>*Ibid.*, p. 77.

<sup>7</sup>Brief to the Committee on the Healing Arts. *op. cit.*, p. 7.

<sup>8</sup>Mary Baker Eddy. *op. cit.*, p. 464, and Charles S. Braden. *Christian Science Today*, p. 37.

of, and the study of anatomy, physiology and diseases should be avoided. Since hypnosis was of popular interest in her time, Mrs. Eddy was emphatic in rejecting any element of suggestion in Christian Science practice.

## Doctrine

The metaphysical doctrine of Christian Science is summed up by Mrs. Eddy:

There is no life, truth, intelligence nor substance in matter. All is infinite mind and its infinite manifestation, for God is All-in-All. Spirit is immortal Truth; matter is mortal error. Spirit is the real and eternal; matter is the unreal and temporal. Spirit is God, and man in his image and likeness. Therefore man is not material, he is spiritual.<sup>9</sup>

The physiological doctrines of Christian Science begin with the assumption that pain is entirely evil and useless. In fact, all human sensory experience is an illusion, for man is spiritual, an idea in the Divine Mind. It follows that man does not have to eat, nor can he be injured or poisoned, nor does he age:

Mortal existence is a dream . . . . A mortal may be weary or pained, enjoy or suffer, according to the dream he entertains in sleep. When that dream vanishes, the mortal finds himself experiencing none of these dream sensations.<sup>10</sup>

If a dose of poison is swallowed through mistake, and the patient dies even though physician and patient are expecting favourable results, does human belief, you ask, cause this death? Even so, and as directly as if the poison had been intentionally taken.<sup>11</sup>

To material sense, the severance of the jugular vein takes away life, but to spiritual sense and in Science Life goes on unchanged and being is eternal. Temporal life is a false sense of existence.<sup>12</sup>

Never record ages . . . . Time-tables of birth and death are so many conspiracies against manhood and womanhood. Except for the error of measuring and limiting all that is good and beautiful, man would enjoy more than three score years and ten and still maintain his vigor, freshness and promise.<sup>13</sup>

Mrs. Eddy's physiology also denies the distinction between voluntary and involuntary nervous systems:

The valves of the heart, opening and closing for the passage of the blood, obey the mandate of mortal mind as directly as does the hand, admittedly moved by the will . . . . There is no involuntary action.<sup>14</sup>

Although her doctrines are total and uncompromising, Mrs. Eddy was cautious enough to advise her followers not to attempt to put them all into practice at once. There would be a time of transition. For example, on the question of food:

<sup>9</sup>*Ibid.*, p. 468.

<sup>10</sup>Mary Baker Eddy, *op. cit.*, p. 250.

<sup>11</sup>*Ibid.*, p. 177.

<sup>12</sup>*Ibid.*, p. 122.

<sup>13</sup>*Ibid.*, p. 246.

<sup>14</sup>*Ibid.*, p. 187.



I do not maintain that anyone can exist in the flesh without food and raiment, but I do believe that the real man is immortal and that he lives in Spirit, not matter. Christian Science must be accepted at this period by induction. We admit the whole, because a part is proved and that part illustrates and proves the entire Principle.<sup>15</sup>

Mrs. Eddy was entirely convinced that acceptance of her doctrines in principle, even if moderated to some extent in practice, would have amazing effects. For example, with denial of age,

A woman of eighty-five, whom I knew, had a return of sight. Another woman of ninety had new teeth, incisors, cuspids, bicuspid, and one molar. One man at sixty had retained his full set of upper and lower teeth without a decaying cavity.<sup>16</sup>

Mrs. Eddy lived to ninety years herself. She refused to alter the Church Manual to provide for her death (although she did leave a will); and because many official acts of the Church required her consent, her death resulted in an astonishing constitutional hiatus for the Church which took ten years of litigation to untangle.

Christian Scientists usually ignore Mrs. Eddy's death. Her writings, which are regarded as divine revelation and immutable truth, remain unchanged; the Church Manual is printed today exactly as she left it. Referring to her writings, Christian Scientists always use the present tense: "Mrs. Eddy says", never "said" or "wrote".<sup>17</sup>

The psychological doctrines of Christian Science argue that human mind is unreal (Mortal Mind). There are no individual conscious minds; there is only one Divine Mind, in the thought of which man exists. All valid thought in human minds is the thought of the Divine Mind. There is therefore no such thing as "unconsciousness".

Unpleasant things, and in fact all matter and sensation, are illusions. But illusions have the power to affect human behaviour (for example, a mirage in the desert). This power can be destroyed very simply: one has only to *know* the illusion for what it is. Christian Science is not a matter of belief or will power; it is a technique for knowing the unreality of pain and disease.

If mental action could be used beneficially, through knowing the illusion of matter, to heal and eliminate all pain and disease, it seems to follow logically that the same mental action might be used destructively, to *cause* pain and disease.

Mrs. Eddy drew this conclusion: "Will power is capable of all evil."<sup>18</sup> She applied the name "malicious animal magnetism" (M.A.M.) to the destructive use

<sup>15</sup>*Ibid.*, p. 461.

<sup>16</sup>*Ibid.*, p. 247.

<sup>17</sup>Transcript of hearings of the Committee on the Healing Arts, p. 2760.

<sup>18</sup>Mary Baker Eddy, *op. cit.*, p. 206.



of mental power, and sometimes she expelled followers whom she charged were secretly practising M.A.M. on her. In this way she explained the fact that, despite her profound understanding of the true nature of reality, she continued to suffer the illusion of pain. She appointed trusted disciples to take the night watch to fight off mental malpractice while she slept, and she wrote into Church by-laws this warning:

Members will not intentionally or knowingly mentally malpractise . . . a member of the Mother Church who mentally malpractises upon or treats our leader or her staff without her or their consent shall be disciplined and a second offense as aforesaid shall cause the name of the said member to be dropped forever from the Mother Church.<sup>19</sup>

One of the most extreme doctrinal positions taken by Mrs. Eddy in her early writings concerned hygiene and public sanitation. "Pleas for drugs and laws of health come from some sad incident, or else from ignorance of Christian Science and its transcendent power," she argued. "Adherence to hygiene (is) useless."<sup>20</sup>

"The less we know or think about hygiene the less we are disposed to sickness," she claimed in her first editions of *Science and Health*. But as the early years passed, Mrs. Eddy moderated and sophisticated her teachings. By 1898, she was urging in more equivocal terms:

He who is ignorant of what is termed hygienic law, is more receptive of spiritual power, and faith in God, than the devotee of this supposed law; therefore a patient thoroughly booked in medical theories is more difficult to cure through Mind than one who is not.<sup>21</sup>

By 1908, in her final (number 382) revision of the text, Mrs. Eddy had modified the same paragraph to read:

If half the attention given to hygiene were given to the study of Christian Science and to the spiritualization of thought, this alone would usher in the millenium. Constant bathing and rubbing to alter the secretions or to remove unhealthy exhalations from the cuticle receive a rueful rebuke from Jesus' precept: 'Take no thought . . . for the body.' We must beware of making clean merely the outside of the platter.<sup>22</sup>

Since Mrs. Eddy found her greatest support among the comfortable middle-class women of her time, it was unlikely that outright opposition to hygiene and sanitation would survive in Christian Science practice. Today the lines are very finely drawn. Chlorine in water is acceptable as a cleanliness procedure; flouridation, as medication, is not. Toothpaste (unmedicated) is acceptable; mouthwash is not.<sup>23</sup>

<sup>19</sup>*Church Manual of the Christian Science Mother Church, op. cit.*, Article 8, Section 8.

<sup>20</sup>Mary Baker Eddy, *op. cit.*, p. 382.

<sup>21</sup>Mary Baker Eddy, *Science and Health, op. cit.*, 1898 Edition, p. 381.

<sup>22</sup>*Ibid.*, 1908 Edition, p. 382.

<sup>23</sup>Transcript of hearings of the Committee on the Healing Arts, pp. 2778-2779.

On the question of practising Christian Science treatment on children, Mrs. Eddy never compromised her original position, and her followers still maintain her original claims, as emphasized by the "Committee on Publication" at the hearings of the Committee on the Healing Arts.<sup>24</sup>

Mrs. Eddy explained that a child who is too young to have developed illusions of its own about illness suffers pain and disease through the thoughts of the parents:

If a child is exposed to contagion or infection, the mother is frightened and says 'My child will be sick'. The law of mortal mind and her fears govern her child more than the child's mind governs itself, and they produce the very results which might have been prevented through the opposite understanding. Then it is believed exposure to the contagion wrought the mischief.<sup>25</sup>

In Mrs. Eddy's doctrine, there is no contagion and no hereditary disease.<sup>26</sup> Children should be taught from an early age that pain, accident and illness are illusions.

Originally, Mrs. Eddy taught a course on "Metaphysical Obstetrics" to eliminate the necessity for medical attention at the birth of Christian Science children. This was dropped in 1901 after the death of a mother and daughter on which Mrs. Eddy's methods were attempted. Childbirth is now left to the medical profession, as a "mechanical procedure".

Although it will undoubtedly have appeared to the reader by this point that there are contradictions of logic within Mrs. Eddy's metaphysical doctrines, Mrs. Eddy always denied this. "In this volume of mine there are no contradictory statements — at least none which are apparent to those who understand the propositions well enough to pass judgment upon them."<sup>27</sup>

## History of Christian Science

Mary Baker Eddy and Christian Science are inseparable. The doctrine and practice are her personal invention, although we will demonstrate that she owed more to other thinkers than she ever conceded. Mrs. Eddy organized her Church so that it would be virtually impossible for her successors to revise her doctrines and practices, or to eliminate the stamp of her personality from them.

Mrs. Eddy (the surname is that of her third husband) was born in New Hampshire in 1821. The first forty years of her life were apparently without significant accomplishment of any kind. She was a sickly and nervous young

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<sup>24</sup>*Ibid.*, pp. 2735-2744.

<sup>25</sup>Mary Baker Eddy, *Science and Health*, *op. cit.*, p. 154.

<sup>26</sup>*Ibid.*, p. 412.

<sup>27</sup>*Ibid.*, p. 345.

woman, and was left poor by her first husband. She turned to "Dr." Phineas Parkhurst Quimby for help in 1865, and Quimby was able to relieve her nervousness, and inject new vigour and enthusiasm.

On Quimby's death in 1866 Mrs. Eddy gathered up his manuscripts and began writing her text, *Science and Health*. She later denied any debt to Quimby, instead basing her faith on an accident which occurred in February 1866. She recalled that after a "crippling fall", as she lay in bed, she turned to Matthew 9:2 and "as I read, the healing Truth dawned on my senses, and the result was that I rose, dressed myself and ever after was in better health than I even enjoyed before."<sup>28</sup>

The first edition of her text, *Science and Health*, was published in 1875. By that time, Mrs. Eddy had developed the conviction that Christian Science was entirely her own discovery, but in 1866 she still recognized her debt to Quimby. A letter she wrote to Julius A. Dresser, of Boston, another patient of Quimby's, dated February 14, 1866, states her great sense of loss on Quimby's death.<sup>29</sup> A poem she wrote at the time for the *Lynn Advertiser*, a local newspaper, is titled, "On the Death of P. P. Quimby, who healed with the Truth that Christ taught".<sup>30</sup>

As to her miraculous healing, the physician who attended Mrs. Eddy later made an affidavit. Dr. Alvin M. Cushing refers to his professional record at the time of the injury, showing that he had visited Mrs. Eddy twice on the day of her fall, twice the next day, once on the third day and once on the fifth, giving her medicine on his visits, and seeing her finally on February 13, at which time she appeared to have recovered "from the disturbance caused by the accident". At no time did he regard her condition as "critical" or "crippling".<sup>31</sup>

Whatever the historical facts may be concerning Mrs. Eddy's intellectual debt to Quimby, or the circumstances of her "crippling fall", there is no denying that she was effectively "reborn" early in 1866, changing from a sickly and nervous woman to an energetic, dominating and self-assured personality.

She began teaching her newly discovered science of healing in exchange for board and lodging in various Boston homes. Her first years were difficult and poverty-stricken. She was for a long period unable to find anyone willing to publish *Science and Health*, which in its original editions (still available at the New York City Public Library) is written in a simple style strewn with grammatical errors. She later employed better-educated assistants to revise the book.<sup>32</sup>

When Mrs. Eddy first began her healing work, she relied on physical manipulations to increase the faith of the patient. In 1879, in a lawsuit she brought

<sup>28</sup>Mary Baker Eddy, *Miscellaneous Writings*, p. 24.

<sup>29</sup>Charles S. Braden, *Christian Science Today*, p. 20.

<sup>30</sup>*Ibid.*, p. 20.

<sup>31</sup>*Ibid.*, p. 21.

<sup>32</sup>The author has examined copies of early editions.



against two students for unpaid tuition, she testified that she had taught the application of hands and water prior to 1872. But by 1875, in the first edition of her textbook she firmly rejected all forms of manipulation.<sup>33</sup>

## Current Status of the Church

In Canada, the Church of Christ, Scientist, is a dying church. There are strong indications, which will be cited, that the same is true of the Church throughout North America. Although one of the world's youngest religions, Christian Science has already passed its prime.

### Canada

Census data show that Christian Science not only has failed to keep pace with the growth of the population in Canada; it has actually declined in absolute numbers.

**TABLE 1**  
**Christian Scientists in Canada, 1901-1961**

Census Year	Population of Canada	Adherents of Christian Science
1901	5,371,000	2,644
1911	7,206,000	5,099
1921	8,787,000	13,856
1931	10,376,000	18,856
1941	11,506,000	20,261
1951	14,009,000	20,795
1961	18,238,000	19,466

SOURCE: Decennial Census of Canada.

The ill health of Christian Science is dramatically evident when compared with the growth of another sect born about the same time, equally small in Canada at the turn of the century, and requiring of its adherents even more extreme beliefs in some matters than Christian Science — namely, Jehovah's Witnesses. (The comparison should not be permitted to confuse the reader, however. Jehovah's Witnesses refuse blood transfusions as a matter of literal interpretation of the Bible, but are not concerned with religious healing.)

A reliable indication of the decline of Christian Science in Toronto is provided by the number of *practitioners* listed in the *Christian Science Journal*, the official publication listing all recognized practitioners throughout the world.

<sup>33</sup>Charles S. Braden, *op. cit.*, p. 338; and Mary Baker Eddy, *op. cit.*, First Edition, p. 193.



**TABLE 2**  
**Christian Science and Jehovah's Witnesses Compared, Canada, 1901-1961**

<u>Census Year</u>	<u>Jehovah's Witnesses</u>	<u>Percentage of growth (census to census)</u>	<u>Christian Science</u>	<u>Percentage of change (census to census)</u>
1901	101		2,644	
1911	938	900	5,099	193
1921	6,689	713	13,856	272
1931	13,582	218	18,856	136
1941	7,007	—51	20,261	107
1951	34,596	494	20,795	103
1961	68,018	197	19,466	94

SOURCE: Decennial Census of Canada.

**TABLE 3**  
**Recognized Christian Science Practitioners in Metro Toronto Area,  
 1941-1967 (April)**

<u>Year</u>	<u>Number of Practitioners</u>
1941	64
1945	58
1950	53
1955	50
1960	42
1967	30

SOURCE: *Christian Science Journal* for each year shown.

The above figures hide an important fact: the Christian Science practitioners in Toronto are all over fifty years old. The local "Committee on Publication" gave as the reason the fact that only older, retired persons could take up the practice, which is not very remunerative—a detail which tends only to confirm the impression that this is a declining group.

### World Members

Mrs. Eddy made it a rule of the Church that membership statistics not be revealed.<sup>34</sup> Thus the census data for the United States do not include a count of Christian Scientists (or of any religious group, since 1936). In Canada, figures are available because religious affiliation is asked of individuals in the census.

During World War II, however, the American army allotted chaplaincies to each denomination in proportion to its numbers in the whole population. The

<sup>34</sup>*Church Manual of the Christian Science Mother Church, op. cit.*, Article 8, Section 28.

headquarters of the Christian Science Church was compelled to reveal its U.S. membership in order to obtain a share of chaplaincies. The figure cited was 268,915. According to the *Christian Science Journal*, about three-quarters of all the churches and practitioners of Christian Science are in the United States. It is therefore reasonable to assume that in 1941 the world membership of the Church did not exceed 400,000.

The *Journal*, which lists all churches and societies (less than sixteen members) affiliated with the Mother Church in Boston, shows that in the early part of this century, the growth of Christian Science was swift, doubling in the period between 1911 and 1931. In 1931, 2,090 branch churches and societies were listed as organized in the United States.

By 1941 the number had increased only to 2,294 and in 1958 to 2,372. This is a growth of less than 20 per cent in a quarter-century. In 1967 there were 2,388, an addition of only sixteen branches in a decade. Obviously Christian Science has fallen well behind the growth of population in the United States.

The *Journal* lists also the names of all accredited practitioners of the Church. In 1931 there were 8,420 practitioners in the United States. By 1941, there were 8,680; but in 1958 the number listed dropped to 7,996, and in 1967 it was below 6,300. In fact, there are now fewer practitioners of Christian Science in the entire world (less than 7,000) than there were in the United State alone in 1931.

The stagnation of church membership and decline in practitioners are undoubtedly the product of a number of factors, but certainly one of the most important is the failure to retain the loyalty of children born into Christian Science families. Frequent comments by Toronto Christian Scientists indicate that it is increasingly difficult to persuade a child exposed (through television and schools, and elsewhere) to an age of space exploration and atomic fission that all material and sensory experience is unreal and illusory. Even practitioners bewail the desertion of Christian Science by their children.

The legacy of organizational and doctrinal inflexibility imposed on the Church by its leader has taken its toll; for times have changed radically since 1910, and Christian Science has not. A telling symptom of this rigidity was observed in a Toronto church. The standard announcement of Sunday School services in the church, in a form set out by the Boston headquarters, is read every Sunday morning. It informs the gathering that "Sunday School services are held in this church every Sunday at . . ." On inquiry, it was discovered that the church had not had a single child in its Sunday School for many months.

## **Organizational Structure of the Church**

Obviously, it is the right of Christian Scientists to organize themselves in any manner they see fit (within the law), whether "democratic" or otherwise. No one is compelled to join or to belong to the Church, and those who do presumably accept its structure.

However, the position of Christian Science is a little different from that of other religious bodies, since it wishes to enter an area of professional activity beyond specifically religious functions—namely, the healing arts. Since the middle of the nineteenth century, Western societies have found public regulation of the practice of healing arts increasingly necessary and desirable for the greater well-being of the public. Among other things, the qualifications for accreditation to practise on members of the general public have been closely regulated.

Since Christian Science practitioners do offer their services to members of the general public who come to them, as well as to members of the church (a fact established by actual experience in Toronto), and since a fee is charged, it is necessarily of concern to us to examine the manner in which the practitioner is recruited, trained, accredited, and disciplined. The fact that the Church itself has taken the initiative to obtain recognition similar to that of the medical profession (as with the Workmen's Compensation Board), only confirms this conclusion. Moreover, unlike most occult healing groups, Christian Science positively discourages the use of physicians.

The Mother Church of Christian Science in Boston is the organizational keystone of the world-wide structure of Christian Science. All teachers and practitioners of Christian Science everywhere in the world must be members of the Mother Church, and at least four members of each branch church must be Mother Church members. (It is possible to be a member either of the Mother Church, or of a branch church, or both.)

The membership of the Mother Church, whether local or non-resident, has never enjoyed a voice or vote in the government of that Church, or in the government of the world-wide organization. During her lifetime Mrs. Eddy held almost absolute power; and technically, according to the Church Manual, the Board of Directors must still be approved in their appointment by Mrs. Eddy.<sup>35</sup> After a contest in the courts, which (as we have noted) split the Church for a decade after Mrs. Eddy's death, the Board of Directors firmly established themselves as the rightful trustees of the organization under Mrs. Eddy's will. This Board consists of five persons, who have no specific term of office. Vacancies on the Board are filled by the remaining members. In no way, financial or otherwise, is the Board accountable to the membership of the Church.

By the Church Manual, the Board of Directors has the power to "place on probation, remove from membership or to excommunicate" members of the Mother Church. It is provided specifically that any member who is accused shall not know the name of his accuser. He is entitled neither to a trial, nor to any appeal.<sup>36</sup>

<sup>35</sup>*Church Manual of the Christian Science Mother Church, op. cit.*, Article 1, Section 5.

<sup>36</sup>*Ibid.*, Article 9.



Since all accredited practitioners must be approved by the Board and must be listed in the *Journal*, it is quite easy for the Board to discipline or disqualify any practitioner in the world. This fate has befallen not only practitioners who are incompetent or otherwise unfit for healing work, but also those who oppose the policies of the Board or make open attempts to change the structure of the Church.<sup>37</sup>

In fact, it is an offence for members of the Mother Church (i.e., all practitioners) to belong to any organization in which the Board would consider "their progress in Christian Science" to be "impeded".<sup>38</sup> It is an offence also to purchase or read books disapproved of by the Board. When Arthur Corey, the First Reader of a Chicago church and a practitioner in good standing, decided to publish a collection of class notes of the most famous teachers of Christian Science, which he had assembled through his many acquaintances in the church, he was condemned and the book anathemized. When the official spokesman of Christian Science in Ontario was asked what was wrong with the contents of the book (which is based on the most eminent teachers, but is printed in violation of a rule that no class notes are to be published), the reply was simply, "It's not authorized, that's what's wrong with it."

Excommunication and removal from *Journal* listing do not necessarily spell the end of a practitioner's career. He or she may have established a loyal following who will continue to seek the practitioner's treatment in defiance of the Board. The opportunity to obtain new patients would be severely restricted by loss of *Journal* listing, however, especially among those who seek a practitioner by mail or telephone.

Any organization, such as an insurance company, which decides to extend recognition to Christian Science treatment in order to attract policy-holders from that denomination, will want some easily measured standard of accreditation of such practitioners, equivalent to the "M.D." of the physician. The simplest test is that of *Journal* listing, but it is a test which puts the practitioner entirely at the mercy of a self-perpetuating, completely non-responsible Board of Directors.

## Membership Characteristics

The membership of Christian Science is typically middle and upper-middle class, urban, and predominantly female.<sup>39</sup> In the United States, women are said to outnumber men by at least two to one;<sup>40</sup> but in Canada the sexes are more evenly balanced, except in Toronto.

<sup>37</sup>Many examples are reported by Charles S. Braden, *op. cit.*

<sup>38</sup>*Church Manual of the Christian Science Mother Church*, Article 8, Section 15.

<sup>39</sup>R. W. England, "Some Aspects of Christian Science as Reflected in Letters of Testimony", *American Journal of Sociology*, Vol. 59, 1959, p. 448; and Charles S. Braden, *op. cit.*, pp. 272-274.

<sup>40</sup>Louis S. Reed, *Healing Cults*, Publications of the Committee on Cost of Medical Care, No. 32, University of Chicago, Chicago, 1932.



**TABLE 4**  
**Christian Science Adherents in Canada by Sex, 1961**

	Canada	B.C.	Ontario	York County	City of Toronto
Male	8,526	2,236	3,400	1,257	437
Female	11,210	3,325	4,663	1,875	807
Total	19,736	5,561	8,063	3,132	1,244

SOURCE: Census of Canada, 1961, Queen's Printer, Ottawa.

Christian Science is not a religion attractive to the urban working class or to farmers, who are too close to the everyday problems of physical and material survival to be persuaded that bad weather or unemployment, poverty and disease are only illusions. The upper class, on the other hand, is generally too sophisticated for radically idealist philosophies.

Christian Science is a religion for the literate, but not for the intellectual. Thus it appeals more to the high school graduate in business for himself (and even more so, to his wife) than it appeals to the university-trained professional or to the career woman.

Geographic distribution of Christian Science membership follows the pattern of urbanization, industrialization and a high standard of living. In the United States, its largest support is in the New England states; in New York, Michigan, Illinois, Texas, Florida, Pennsylvania; and above all, in California. There is little support for Mrs. Eddy's doctrines in the traditional Southern states or in the agricultural Midwest.

Internationally, the same pattern is observable—though to a lesser extent, since Christian Science has not expanded a great deal outside the distinctly Anglo-Saxon world (the U.S.A., Canada, the United Kingdom, Australia and New Zealand). Where it has done so, its support is still limited to modern industrialized nations. The nine countries (including the U.S.A.) into which Christian Science has expanded to any extent are among the top countries of the world in per capita income.<sup>41</sup> Scandinavia is the only affluent area where Christian Science has made no headway whatever.

In Canada, there are fifty-two branch churches and thirty-five societies; three-quarters of these groups are in Ontario or British Columbia. In Ontario there are twenty-seven churches (of at least sixteen members each) and fourteen societies (less than sixteen members).

In Toronto there are six churches. Without exception, the many Christian Scientists contacted at services in these churches indicated that the main reason

<sup>41</sup>According to UN statistics, the U.S.A., England, Germany, Canada, Australia, Switzerland, New Zealand, the Netherlands and France have the largest portion of Christian Science members, with 70 per cent in the U.S.A. and 10 per cent in England.

for their membership was a personal healing experience. The members are typically very friendly, poised, and serene persons, optimistic about life, and deeply grateful to their religion and to Mrs. Eddy.

Recruitment of new members is attempted through various methods. Free lectures, advertised in the newspapers and by window cards, are held at least once a month in each church each year. Each church maintains a Reading Room, in which the public is invited to examine Mrs. Eddy's works or to borrow them for home reading. A Sunday morning radio program is prepared each week in Boston for use throughout North America. Perhaps the best known effort at outreach is the *Christian Science Monitor*, a newspaper which has won a reputation among many non-Christian Scientists for careful, responsible reporting. The *Monitor*, an international newspaper, is to be found in Take-One distribution boxes in railroad stations, at colleges, and at other points of public exposure in North America and overseas.

## Therapy

Every Christian Scientist is expected to be a daily "practitioner" of Mrs. Eddy's teachings and techniques. The members turn to an "accredited" practitioner only when self-treatment apparently has failed. Members are instructed as follows:

When the first symptoms of disease appear, dispute the testimony of the material senses with divine Science . . . 'Agree to disagree' with approaching symptoms of chronic or acute disease, whether it is cancer, consumption or smallpox. Meet the incipient stages of disease with as powerful mental opposition as a legislator would employ to defeat the passage of an inhuman law.<sup>42</sup>

In case of an accidental injury, the member must know that "Accidents are unknown to God . . . Under divine Providence there can be no accidents . . ." <sup>43</sup>

Christian Scientists are urged not to study anatomy, physiology or the nature of diseases, lest this suggest such conditions to the member and produce disease or pain.<sup>44</sup> The Ontario Department of Education regulations and those of at least sixteen American states permit parents to request the excusal of children from school classes in health dealing with disease.

If a member should find his own ability insufficient to resolve the "appearance" of distress or disease, he or she turns to a "practitioner" in the more formal sense. A practitioner may be simply a member who has demonstrated in her own life (five out of six practitioners are women), that she is a more successful "student" of Science than the average. She may help her fellow members with a variety of problems—loss of a valuable, fear about an examination to be written, disease, family business problems—with no expectation of reward.

<sup>42</sup>Mary Baker Eddy, *Science and Health*, *op. cit.*, p. 390.

<sup>43</sup>*Ibid.*, p. 424.

<sup>44</sup>*Ibid.*, p. 179.

If a "practitioner" has helped others successfully over a period of several years and wishes to make this her full-time vocation, she may apply (or may even be invited) to become an "accredited" practitioner listed in the *Journal*.

A full-time listed practitioner is expected to charge fees comparable to those of the medical profession in the area. At one time the practitioner maintained an office, after the style of physicians, but this is now quite rare. Usually she will operate from her own home.

A member in need of help telephones or writes to a practitioner of her choice. If this is the first contact, the practitioner probably will suggest a personal visit to her home, if convenient. If distance prevents, treatment may be provided without practitioner and patient ever coming into personal contact.

No attempt is made by the practitioner to obtain a "history" of the problem or to keep case records. Quite the contrary, the whole purpose of treatment is to deny that there ever was a problem, except by illusory appearances. The practitioner therefore will give the patient a brief opportunity to describe "what appears to be the problem". If the appearance is that of a contagious condition which must be reported to the public health authorities, the practitioner reminds the patient of this obligation (but prefers *not* to carry out this task herself). She will then move quickly to the treatment.

Avoid talking illness to the patient. Make no unnecessary inquiries relative to feelings or disease. Never startle with a discouraging remark about recovery, nor draw attention to certain symptoms as unfavourable; avoid speaking aloud the name of the disease . . . . Always begin your treatment by allaying the fear of patients.<sup>45</sup>

The practitioner will begin to "argue down" the symptoms.<sup>46</sup> Mrs. Eddy's instructions for the treatment of consumption are typical:

. . . . take up the leading points included (according to belief) in this disease. Show that it is not inherited; that inflammation, tubercles, hemorrhage, and decomposition are beliefs, images of mortal thought superimposed on the body; that they are not the truth of man; that they should be treated as error and put out of thought. Then these ills will disappear.<sup>47</sup>

In many cases reported by practitioners and patients, a telephone conversation is said to be sufficient and no further treatment is provided. If the problem appears to require further treatment, the practitioner asks the member whether she should begin the "work" (or the "metaphysical work"). If so, the member (patient) usually is asked to call again the next day, or if any important change occurs.

<sup>45</sup>*Ibid.*, pp. 396, 412.

<sup>46</sup>*Ibid.*

<sup>47</sup>*Ibid.*, p. 425.



"Doing the work" of mental healing, consists of the practitioner devoting a period of time to "knowing and understanding" that the apparent trouble or disease does not exist. Most practitioners set aside a part of the day, often the morning, in which the work is done for perhaps a dozen or fifteen patients currently receiving treatment.

Each patient is treated in turn, by a period of from five to fifteen minutes of thought. (Twenty minutes to a half hour may be required for really difficult cases.) This treatment will be repeated as often as the patient wishes, until the problem disappears.

In Toronto, the usual fee for treatment is five dollars for a personal visit (usually by the patient to the practitioner's home); four dollars for a telephone treatment, and for each additional absent treatment (five to fifteen minutes of thought by the practitioner); and three dollars if the number of treatments runs over a low maximum. Fees are recorded and billed monthly to the patient. The receipt of payment may be submitted under Canadian income tax law, in lieu of medical receipts.

It is obvious that the practitioner makes no attempt to diagnose any ailment, nor to prescribe any medical form of treatment. She is careful also not to suggest directly that any medication or treatment being employed by the patient should cease. Instead, the patient will be reminded that Christian Science practice and medical practice do not mix, and that the practitioner cannot, by the rules of her Church, treat anyone using medical treatment at the same time.

According to Mrs. Eddy's doctrines, the practitioner should not be disturbed by a crisis or relapse in a case.

If a crisis occurs in your treatment . . . insist vehemently . . . there is no disease . . . there can be no pain . . .<sup>48</sup>

If your patient, for any cause suffers a relapse meet the cause mentally and courageously, knowing that there can be no reaction in Truth.<sup>49</sup>

But in practice, Mrs. Eddy permitted her followers to consult a physician if Christian Science treatment seemed inadequate to cope with great pain. She herself used morphine, on the grounds that this dulled the power of illusion to the point where mental healing power could take over and begin the true healing. Modern practitioners usually are ready to refer to a physician if bones are broken, or for dental work, or in cases of severe illness.

For example, a Toronto practitioner reported attempting for four days to treat a patient with severe pain from gallstones and, when no results were obtained, suggested that "Christian Scientists don't have to be masochists or Spartans". His

<sup>48</sup>*Ibid.*, p. 421.

<sup>49</sup>*Ibid.*, p. 419.



patient went to hospital for an operation. This willingness to be flexible probably spares the lives of some Christian Scientists and avoids the frequent occurrence of such unpleasant incidents as the following:

Time Magazine reported in its issue of May 29, 1954, the case of a school-teacher, a Christian Scientist, who each year made affidavit that she was free from any infectious disease. She was, however, under treatment at the hands of a practitioner for "living congestion and over-activity". Finally, under pressure from relatives she entered a hospital where, a day later, she died of tuberculosis. For two years, while suffering from this infectious disease, she was in close contact with a substantial group of students. Efforts were at once begun to make sure that every pupil who had any contact with her should undergo a fluoroscopic lung test to see if any had been infected by her.<sup>50</sup>

## Metaphysical Work

What actually happens in Christian Science treatment? That is, what is going on in the mind of the practitioner as she does her metaphysical work?

First, there is the constant and serious study of Mrs. Eddy's text, which is credited with almost supernatural power to heal. Mrs. Eddy encouraged this attitude:

If the reader observes a great stir throughout his whole system, and certain moral and physical symptoms seem aggravated, these indications are favourable . . . continue to read, and the book will become the physician . . .<sup>51</sup>

Mrs. Eddy constantly revised her text to make it more and more persuasive. The product does indeed have a convincing quality. For example, in a few words, she makes the regrowth of limbs seem almost possible:

A tooth which has been extracted sometimes aches again in belief, and the pain seems to be in its old place. A limb which has been amputated has continued in belief to pain its owner. If the sensation of pain in the limb can return, can be prolonged, why cannot the limb reappear?<sup>52</sup>

With the aid of the text, the practitioner argues down the symptoms in her own mind, assuring herself that the patient she is treating at the time (*in absentia*) does not suffer any disease, any more than a stick which appears to bend at the surface of water from which it projects does actually bend. It is only an illusion of material sense. There is no belief in Christian Science that this mental activity on the part of the practitioner affects the health of the patient by mental telepathy. Rather, "there is no space in Divine Mind".

<sup>50</sup>Charles S. Braden, *op. cit.*, p. 264.

<sup>51</sup>Mary Baker Eddy, *Science and Health*, *op. cit.*, p. 422.

<sup>52</sup>*Ibid.*, p. 212.

## Training the Practitioner

The Christian Scientist who wishes to make healing her full-time vocation must meet certain qualifications. First, she must be a member in good standing of the Mother Church (or she may be a member of a branch church, of course). She must have graduated from a Primary Class taught by a teacher who is in good standing with the Mother Church (this is explained later). She must agree to make the practice her sole employment and she must make a statement of loyalty to the Board of Directors of the Mother Church. She must submit three letters of testimony by three members of the Mother Church in good standing, who have obtained healing through her assistance. She must complete satisfactorily a four-page questionnaire.

Having done all this, the applicant will probably be advised to take some time to "think it over". Indeed, according to an Ontario practitioner, the Board of Directors, concerned to provide sufficient clientele for existing practitioners, has restricted the number of new approvals.

Although a record of faithful service and unimpeachable conduct as a member of the Church over a period of years is an important qualification, the actual sorting-out of possible candidates for advancement in the Church is done in "class".

There are two levels of "class" in Christian Science: Primary and Normal.

The institution of "class" dates from Mrs. Eddy's first small groups of followers, gathered for careful instruction in her doctrines. She founded the Massachusetts Metaphysical College to conduct classes in Christian Science and built the church by organizing the graduates. (The College was later dissolved.)

In 1898, unable to teach all classes herself, Mrs. Eddy attempted to fix the content of class instruction for all time (in the same way as she had, three years earlier, fixed the content of Sunday sermons). She ruled that Primary Class be taught only from the chapter of *Science and Health* titled "Recapitulation", while Normal Class would be based on this chapter plus the "Christian Science Platform", a section of another chapter. There was to be no deviation from this content.

In addition, Mrs. Eddy anticipated the problems which might be created from too many graduates of a class by limiting the number to be taught each year. The superior level, Normal Class, was to be open to only thirty students every three years. Graduates of this class are called "teachers". Each teacher, in turn, could teach one class of not more than thirty students each year.

Mrs. Eddy maintained that her textbook contained the complete Science of mind-healing necessary for any Christian Scientist;<sup>53</sup> on the other hand, she suggests that graduation from class provides something the book does not.<sup>54</sup>

<sup>53</sup>*Ibid.*, p. 147.

<sup>54</sup>Mary Baker Eddy, *Miscellaneous Writings*, *op. cit.*, p. 35.

### Primary Class

According to the Church Manual, any member in good standing may apply to a teacher of his or her choice to attend that teacher's next Primary Class. The teacher may decline or accept, provided that the class does not exceed thirty students. The fee is \$100. The class can usually be taught in the teacher's home and runs for not more than twelve evenings. This Primary Class is an important source of income for the teacher—a gross of possibly \$3,000 each year, with little overhead.

Once a member has taken a given teacher's class, he or she is a part of that teacher's "Association", which meets once annually. No other teacher is allowed to teach a member if that member belongs to the Association of a teacher in good standing. (This rule tends to prevent members from going from one teacher to another to compare doctrines.)

If, however, a teacher should fall out of good standing with Boston headquarters, then a cloud is cast over the orthodoxy of all students taught by that teacher. The Manual offers members taught by teachers who fall from grace the "opportunity" to take class again from a teacher in good standing. In fact, for practitioners at least, this is more than an opportunity. It is expected that the practitioner will avail herself of this opportunity to correct any possible errors she may have picked up from the disgraced teacher.<sup>55</sup>

Thus, a teacher who deviates from orthodox doctrine, or who expresses any criticism of the Board of Directors, must keep in mind the fact that not only his fate but also that of all his students over the years may hang in the balance. Since most teachers have close personal friendships with at least some of their students, who in turn may have become practitioners dependent on good standing with Boston for their livelihood, it is obvious that teachers do not frequently rebel against the Board of Directors.<sup>56</sup>

### Normal Class

The teachers are the elite of Christian Science. It is very unlikely for anyone to attain the higher departmental offices in Boston, or the Board of Directors, without first serving as a teacher.

The reason for this is arithmetical: by Mrs. Eddy's edict, only thirty teachers may be trained every three years. This remains true despite the expansion of the Church into many countries (and may well be one of the reasons for the decline in growth).

An Ontario teacher reported that usually there are more than 1,000 applicants for the thirty places in Normal Class. Obviously only those candidates distinguished

<sup>55</sup>*Church Manual of the Christian Science Mother Church, op. cit.*, Article 26, Section 8.

<sup>56</sup>Instances are reported by Charles S. Braden, *op. cit.*



by loyal service to the Board will be chosen. The fee is only \$100, and the period of instruction even shorter than for Primary Class. Normal Class operates not as an educational or training facility, but as a system of awarding superior status to a small number of the faithful.

Although graduates of Normal Class (who usually are also practitioners) enjoy certain advantages, these may now be declining, at least in Canada. Certainly a teacher will have more calls for treatment than an ordinary practitioner who has only Primary Class qualification, and in addition, the teacher has a possible Primary Class income of \$3,000 each year. But a Canadian teacher reported that his classes had not been full in recent years (in fact, they had dropped down to as few as a dozen students); and as far as he knew, the situation was common to many other teachers.

In any event, it is clear that in Christian Science treatment, there is little emphasis on training in technique, such as would compare with the years of training given a physician. The training contains no academic material, such as psychology or counselling techniques, to say nothing of physiology or biology. It consists simply of instruction in Mrs. Eddy's textbook, together with typical examples of application of the doctrine and instruction in the legal rights and obligations of the practitioner.

## **Experience**

Christian Science appeals for support on the basis of its healing experience. Testimonials of healing are published in all Christian Science periodicals and regular Wednesday night meetings are held, featuring verbal testimonials. Every Christian Scientist is prepared to offer his own evidence of the efficacy of Mrs. Eddy's doctrines. Some testimonials, presented in person by Toronto residents, were most impressive. For example, Mr. B.W., age forty, broke his arm and treated it himself until he could reach a physician some hours later. (Christian Scientists generally seek medical attention for broken bones.) The doctor x-rayed the break and found it to be knitting so satisfactorily that only taping was necessary. To Mr. B.W., this was substantial proof of the efficacy of Christian Science treatment.

Another explanation is possible, of course. In fact, no matter what claims Christian Scientists make, physicians, by the very nature of scientific discipline, would be compelled to seek a naturalistic explanation.

Unfortunately, the possibly impressive and scientifically fruitful healings cannot be sorted easily from the many minor distresses which are exaggerated or wrongly diagnosed by the member, and for which healing is then claimed. By the very nature of its doctrine, Christian Science refuses to cooperate with objective experimental study of its effects. To cooperate would be to confirm the existence of phenomena whose reality the faith denies.

Since most Christian Scientists diagnose their own ailments without medical confirmation, and since practitioners certainly do not attempt to diagnose, it is impossible to determine how many "healings" have ever involved any real ailment.

When cases are reported in which a medical diagnosis is made, there is rarely a follow-up. Thus it is impossible to determine whether the patient is healed, as he claims to be. No record is kept of relapses (for the same obvious doctrinal reasons).

Nevertheless, there arises from time to time a claim of healing which impresses even the medical profession. One such is cited by Braden, who is generally critical of Christian Science:

No fair-minded investigator could fail to be impressed by such healings as that of Mrs. David Oliver, a Chicagoan, which was recognized in the *Journal of the American Medical Association* as "The first instance recorded of recovery from 'generalized blastomycosis', a condition described therein as hideous and desperate." While this medical paper makes no mention of the fact that the patient had turned to Christian Science after the doctors had failed her, it does admit that she recovered quite without medication of any sort.<sup>57</sup>

It is not the purpose of this report to examine such cases from a scientific point of view, to determine what role was played in the healing by the Christian Science treatment. That is a task requiring careful medical diagnosis and experimental controls, as well as elaborate statistical analysis (to determine that more than chance was involved).

It is sufficient for our purposes to note, on the positive side, that a significant number of Canadians who lead responsible, prosperous, quiet lives attribute their health and healing from disease to Mrs. Eddy's doctrines. Part of the possibility of holding such a faith appears to be a willingness to compromise on some matters, such as childbirth, surgery, and dental care.<sup>58</sup> Mrs. Eddy advised her students to begin with simple demonstrations of faith and to avoid extremes.<sup>59</sup> She urged them to obey the law, even when contrary to her doctrines, and advised use of a physician if Christian Science treatment seemed unsuccessful.<sup>60</sup>

On the negative side, there is the possibility that Christian Scientists may postpone essential medical care until too late to prevent irreparable damage or even death. In the case of an adult, this is his or her right, of course. Discussions with members and practitioners indicate that very few Christian Scientists "take their beliefs too far".

These discussions indicated also that Christian Scientists tend to reflect the attitudes towards medical care of the nineteenth and previous centuries. Christian

<sup>57</sup>Charles S. Braden, *op. cit.*, p. 252.

<sup>58</sup>Transcript of the hearings of the Committee on the Healing Arts, p. 2777.

<sup>59</sup>Mary Baker Eddy, *Science and Health, op. cit.*, p. 428.

<sup>60</sup>*Church Manual of the Christian Science Mother Church*, Article 8, Section 23.

Scientists tend to *delay* resort to medical care, preferring to suffer pain and distress for a longer period of time than the average while attempting cure with Christian Science methods. The general public, on the other hand, especially with prepaid medical care, is moving in the opposite direction of earlier consultation with a doctor whenever unusual symptoms appear, even without pain.

One area of experience of Christian Science which is still of concern is that of treatment of children. The position of the Church is that parents should have the right to determine the appropriate health care for their children.

While the Ontario "Committee for Publication" conceded that the law must be obeyed concerning contagious diseases and other health regulations, it did not concede that laws requiring parents to provide *medical* treatment as a "necessity of life" for children were good laws.<sup>61</sup>

Instead the Committee argued that if a child died under a physician's care, the physician would not be blamed if he acted in good faith. Therefore, why should a Christian Science practitioner be blamed if the same result occurred?

While this may be the position of the Church in principle, in practice its application is more compromising; and cases involving legal action against Christian Science parents for failure to provide adequate and necessary medical care for their children are very rare in North America. In fact, we found no cases in recent Ontario records.

Our survey of Metropolitan Toronto physicians also produced no evidence that Christian Science parents had delayed treatment of a child so long that serious consequences resulted. Insurance companies covering Christian Science practice in Canada also reported no complaints, nor did any of the social service agencies consulted in Toronto.<sup>62</sup>

### Industrial Experience

The experience of Workmen's Compensation Boards in the United States which have recognized Christian Science practice is apparently satisfactory, and no complaints were reported. In fact, there was some suggestion that Christian Science workers show greater motivation to recover than those under medical care. This correlates with Christian Science belief, which is more strongly confirmed by a rapid recovery. The one insurance company which has made an actuarial study of its coverage of Christian Science workers under sickness and accident policies found that the number of treatments per claim was higher than for medical care, but that the lost time involved was lower.<sup>63</sup>

<sup>61</sup>Transcript of hearings of the Committee on the Healing Arts. pp. 2739-2741.

<sup>62</sup>For details, see Appendices.

<sup>63</sup>See Appendices.



One problem which could easily arise wherever Christian Science treatment is recognized in industry is that of first aid. A testimonial published in the *Christian Science Journal* of April 1967 illustrates.

A worker in an ordnance plant had an accident while moving a vat of concentrated chromic acid. Some of the acid splashed in his right eye.

My first impulse was to get to a water faucet and wash my eye, but I knew I could not afford to admit even by this simple act that an accident or evil of any kind can befall God's man.<sup>64</sup>

The worker's reaction is in accord with Mrs. Eddy's teachings:

When an accident happens, you think or exclaim, 'I am hurt!' Your thought is more powerful than your words, more powerful than the accident itself, to make the injury real. Now reverse the process. Declare that you are not hurt and understand the reason why, and you will find the ensuing good effects to be in exact proportion to your disbelief in physics, and your fidelity to divine metaphysics . . . .<sup>65</sup>

The worker reports that, following Mrs. Eddy's advice, he sat on the floor and "declared the truth vigorously" to himself for thirty minutes, then telephoned a practitioner, as the pain was still intense. He secluded himself in a warehouse section for two hours. "The pain suddenly left", and he again telephoned the practitioner to tell her he was all right "and to drop the work". He reports that after some swelling, the eye was well again in three days.

## Recognition

Christian Science probably has won more widespread recognition of its healing practice than any other occult healing group. Yet, considering its century of efforts, the total achievement is not impressive.

Christian Science treatment is recognized by some social security and medical care legislation of the United States federal government. Both American and Canadian federal governments accept receipts of practitioners' fees for income tax deductions equivalent to those given medical expenses.

But apparently only eight American states, and no Canadian provinces, have recognized Christian Science treatment under Workmen's Compensation legislation. An even smaller number of American states have extended recognition under state employee health insurance plans.

Only thirteen of seventy-two reporting American and Canadian insurance companies include recognition in their policies covering sickness and accidents, but several of the largest companies are in the thirteen. (It was agreed, in exchange for this information, that no company names would be published.)

<sup>64</sup>Perlee J. Rusk, *The Christian Science Journal*, The Christian Science Publishing Society, Boston, April 1967, p. 212.

<sup>65</sup>Mary Baker Eddy, *Science and Health*, *op. cit.*, p. 397.

Two Christian Science “hospitals” (sanatoria) in the United States and one in British Columbia are permitted to operate without medical supervision but are required to meet all public health and sanitation regulations.

Oddly enough, only one insurance company has conducted an actuarial examination of its experience in Christian Science coverage, and that to only a very limited extent. No Workmen’s Compensation or other government agency has conducted a study. Apparently recognition of Christian Science treatment is not a significant cost factor (since the total number of persons involved is very small), and recognition has been extended for other than economic reasons.

As a religious denomination, Christian Science today has won recognition for sober, responsible and economically successful leadership and management of its affairs. The early wars of words between Christian Science and its opponents — physicians and the clergy of other denominations — have virtually ended.

## Regulation

The patterns of internal regulation of Christian Science healing practice, through organizational discipline of the practitioner, already have been thoroughly reviewed.

All federal, provincial and state jurisdictions reporting their legislation concerning Christian Science and/or healing by prayer and spiritual means have indicated that they place no restrictions on this form of healing practice to require any knowledge of medical sciences; but most do require varying forms of compliance with public health laws. These are reported in detail in Appendix II. The results can be readily summarized: the governments concerned have not experienced any important problems with Christian Science practice and do not regard it as a matter requiring public surveillance or control to any significant degree.

Judicial regulation of Christian Science practice was attempted in the United States in the early years of Mrs. Eddy’s teaching through prosecution of practitioners in civil and criminal cases, and one case occurred in Ontario in 1895.<sup>66</sup> However, no significant cases have occurred in recent decades, for the simple reason that Christian Science accepted the proposition that laws must be obeyed, even if disliked (for example, by accepting smallpox immunization and then “appealing to divine Science” to undo the harmful effects thereof<sup>67</sup>).

After two decades of vigorous and often vitriolic attack on Mrs. Eddy and her followers, the medical profession accommodated itself gradually to Christian Science and to the treatment of patients who need medical help but believe

<sup>66</sup>DeBeer, 32 CLJ 416 (Ont).

<sup>67</sup>Quoted by Illinois Christian Science instructions to practitioners.

doctors to be deceived by illusion. Most physicians today, in private at least, will concede that "there *is something* in Christian Science" which helps its members to live happier, healthier lives.

Public institutions, the mass media, social agencies, religious groups and corporations largely have accommodated Christian Science. This is partly the result of Mrs. Eddy's foresighted creation of "Committees on Publication", which maintain a close watch on the news media and take quick action to demand "correction" of unfavourable reporting of Christian Science. Business pressure and boycotts also have been used. It is significant that while the Ontario press gave quite a few column inches of coverage to the presentation of the spiritualist healers to the Committee on the Healing Arts, the hearing of Christian Science, which immediately followed, received very little attention.

## Evaluation

One of the major factors in the successful efforts of Christian Science to win the untrammelled right to practise its form of healing treatment undoubtedly has been the validation of many of Mrs. Eddy's insights by the natural and social sciences of the twentieth century.

In physics, physiology, biology and psychology, there are steadily accumulating data to suggest, in Sir James Jeans' words, that

The old dualism of mind and matter seems likely to disappear, not through matter becoming in any way more shadowy or insubstantial than heretofore or through mind becoming resolved into a function of the working matter, but through substantial matter resolving itself into a creation and manifestation of mind.<sup>68</sup>

The Newtonian physics of Mrs. Eddy's early days is gone forever, with the Daltonian concept of matter made up of hard little bits called atoms. Modern physics recognizes that solid inert matter is indeed an illusion, for what is actually there, objectively and experimentally speaking, is mostly "empty space" and eternally restless electric energy.

Equally, the mechanistic psychology of the nineteenth century (after a brief behaviourist revival in the 1920's) is largely discarded. The experimental study of hypnosis has revealed the extent to which the mind can have voluntary control over the so-called involuntary nervous system. Convincing hallucinations of material experience on the one hand, and anaesthesia on the other, can be achieved by the use of intensified suggestion.

In medicine, the germ theory, so vigorously ridiculed by Mrs. Eddy, is being modified radically by modern research findings, and the experiments on the

<sup>68</sup>Sir James Jeans, *The Mysterious Universe*, Cambridge University Press, Cambridge, 1930.



placebo effect (reported in Chapter 1) indicate that Mrs. Eddy was close to the truth when she argued that the drugs of her day were without pharmacological (material) effect.

Although Mrs. Eddy rejected the judgement that Christian Science treatment works largely as an application of the process of "suggestion", this is still the most generally accepted "scientific" explanation.

However, scientific explanation of Christian Science usually overlooks the fact that the process of suggestion involved works in *two* ways. The least obvious is the fact that it undoubtedly causes the Christian Scientist to pay more personal attention to the most trifling physical symptoms and to personal difficulties of life.

In other words, true reality in Christian Science is perfect, without flaw, Divine. Therefore any deviation from this pattern is a matter for immediate mental correction. "Stand porter at the gates of thought," Mrs. Eddy warned.

This phenomenon of overconcentration on trifles, which most ordinary persons would ignore, handle, or resign themselves to, is indicated by many testimonials of "healing" heard in Toronto churches in the six months of this study. Typical examples involved the loss of an address book, loss of an electric bill, an attempt to stop smoking, a minor cut, a headache, a right turn while driving which "almost" caused an accident, a child's cough, and so on.

Instead of applying a bandage to a cut and forgetting about it, the Christian Scientist makes it a matter for a half-hour's mental healing. Rather than go to a water faucet and wash acid from his eye, he will endure several days of pain and swelling.

Thus, while the Christian Scientist acts contrary to the general trend of prompt consultation with a physician in case of pain or distress, he probably exaggerates the already considerable tendency of North Americans (at least of the middle class) to give more and more personal attention to matters of health.

Having heard the suggestion by Mrs. Eddy's doctrine that even her slightest misfortunes are significant and must be met with vigorous mental denial, the typical Christian Scientist then devotes herself to study of the textbook and eventually finds that she is "healed". Thus, mental power is credited with corrections of physical distress which probably would have come about in many cases as the product of the body's self-healing activity.

A question relevant to public policy is that of the control of contagious diseases. A few American states have permitted exemptions from the *reporting* of contagious conditions on conscientious ground (see Appendix II). The more usual formula is to require reporting, but to make exemptions from *medical* treatment. Some states permit the reporting of contagious diseases without confirmation by a medical practitioner.

How can a Christian Science practitioner diagnose a disease? How can a member properly fulfil his obligation to his community, if he fails to have a medical diagnosis of communicable or possibly communicable conditions? Even if medical treatment is refused on grounds of belief, the community would appear to be entitled to the assurance, on grounds which *it* accepts (i.e., medical diagnosis), that a communicable condition actually has been cured or eliminated.

Finally, we must ask to what extent Christian Scientists depend on the medical-mindedness of the rest of the community. How long would Christian Scientists survive in a society which adopted its beliefs on a general scale? The lack of converts to Mrs. Eddy's doctrine in the undernourished, medically deficient, and sanitation-lacking countries of the world would seem to answer this question. Would it be reasonable to conclude that only the vigorous activities of Western societies in sanitation, accident control, public health, medical care, hospitalization, immunization, and similar areas make possible the generally healthy and comfortable lives of Christian Scientists?

## Chapter 4 Dianetics and Scientology

Dianetics is the “modern science of mental health” invented by L. Ron Hubbard and first presented in book form in 1950.<sup>1</sup> Hubbard is an American science fiction writer who claims to be a graduate engineer (he is not),<sup>2</sup> a doctor of philosophy (from an unaccredited California “university”)<sup>3</sup> and a D.Sc. (a Doctor of Scientology, a degree he awarded himself when he founded Scientology).

Scientology claims to be a religion, “a spiritual guide designed to bring about Total Freedom to all spiritual Beings”. The word itself is defined as “the science of knowing”. Scientology, which was introduced in 1952, incorporates Dianetics and its “science of the mind”.

### Claims

Hubbard ranks his creation of Dianetics as “a milestone for man comparable to his discovery of fire and superior to his invention of the wheel and arch”. According to the jacket of his book and advertising material currently distributed in Ontario, “The hidden source of all psychosomatic ills and human aberration has been discovered and skills have been developed for their invariable cure.” It is explained that “the skills offered in this handbook will produce the Dianetic Release, an individual who has been freed from his major anxieties or illnesses”. Study of and training in Dianetics will “prepare you for the attainment of even higher states of existence in Scientology”. “Dianetics is used for training purposes only,” the advertising material explains; but it adds that training in Dianetics is “prerequisite to higher training”.<sup>4</sup>

Dianetics and Scientology are inseparable; the former is used as a technique in the practice of the latter, and the doctrines of the former are incorporated in the latter.

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<sup>1</sup>L. Ron Hubbard, *Dianetics, The Modern Science of Mental Health*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1950.

<sup>2</sup>He registered in engineering at George Washington University in 1930 but never received a degree of any kind.

<sup>3</sup>“Sequoia University” of Los Angeles is not recognized by any accredited college or university.

<sup>4</sup>At a hearing of the Committee on the Healing Arts, the Toronto Scientology organization claimed the Dianetics text was no longer used. It is still on sale at the Toronto headquarters, however, and the most recent edition of *The Auditor* (No. 41, Hubbard Communication Office, East Grinstead, Sussex) from the international headquarters in East Grinstead, England, urges readers to buy and read this book and to give it to friends.



Hubbard's claims for his first book, *Dianetics, the Modern Science of Mental Health*, are similar to those made by Mrs. Eddy for her textbook, *Science and Health*:

Anybody who has read this book once through and procured a patient with sonic recall for a trial effort will know more about the mind, in those actions, than he has ever known before, and he will be more skilled and able to treat the mind than anyone attempting to do so, regardless of reputation, a very short time ago.<sup>5</sup>

Five years later, after the introduction of Scientology, Hubbard was still claiming that

Dianetics offers a therapeutic technique with which we can treat any and all inorganic mental and organic psychosomatic ills, with assurance of complete cure in unselected cases.<sup>6</sup>

By this time, however, he had encountered charges of practising medicine and consequently was becoming a little wary of making medical claims. Speaking of a Scientology device, electropsychometry, he writes:

The E-meter is . . . used for valences and sometimes psychophysical difficulties. (Auditor: Use the word psychophysical rather than psychosomatic and stay out of a medical field . . . )<sup>7</sup>

Often, though, Hubbard has chosen to ignore his own advice, and the following excerpts can leave no doubt about the wide range of claims of Dianetics-Scientology within the healing arts.

Dianetics sets forth the non-germ theory of disease, embracing, it has been estimated by competent physicians, the cure of some seventy per cent of man's pathology.<sup>8</sup>

Eye glasses, nervous twitches, tensions, all of these things stem from an unwillingness to confront. When that unwillingness is repaired, these disabilities tend to disappear.<sup>9</sup>

Scientology does things for people where nothing has been done before. It makes people well from illnesses which were once considered hopeless. It increases their intelligence . . . . One outstanding thing which it does: it alleviates burns received from Atomic Bombs. Scientology is the only specific (cure) for radiation (atomic bomb) burns. Scientology processing

<sup>5</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, op. cit., p. 167.

<sup>6</sup>L. Ron Hubbard, *Dianetics* '55, Hubbard College of Scientology, East Grinstead, Sussex, England, 1961, p. 96.

<sup>7</sup>L. Ron Hubbard, *Scientology: Clear Procedure*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1957, p. 7.

<sup>8</sup>L. Ron Hubbard, *Scientology: Evolution of a Science*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1960, p. 98.

<sup>9</sup>L. Ron Hubbard, *Scientology: A New Slant on Life*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1965, p. 90.

given to persons burned by radiation can alleviate the majority of the difficulty. This is true even when the person who is treating (auditor) is not completely trained.<sup>10</sup>

Tens of thousands of case histories (reports on patients, individual records) all sworn to (attested before public officials) are in the possession of the organization . . . .<sup>11</sup>

From the *Scientology Newsletter*, 1965, in an article entitled "The Scope of Scientology, the Need to Change", we find the following:

Of what must a science of mind be composed?

1. An answer to the goal of Life;
2. A single source of all insanities, psychoses, neuroses, compulsions, repressions and social derangements;
3. Invariant scientific evidence as to the basic nature and functional background of the human mind;
4. Techniques, the method of application, by which the discovered single source could be invariably cured, ruling out, of course, the insanities of the malformed, deleted or pathologically injured brains or nervous systems and particularly, iatrogenic psychoses (those caused by doctors involving the destruction of the living brain itself);
5. Methods of prevention of mental derangement;
6. The cause and cure of all psycho-somatic ills, which number, some say, 70% of Man's listed ailments.

Simple though it is, Scientology does, and is doing, and is, these things.

Of course, Hubbard does not limit his claims to healing and improvement of intelligence. He offers the serious student of Scientology "total freedom" — the complete self-determination of all his actions. This state is called "clear" and a person proceeding towards this state, a "preclear". (The word "patient" is used in Dianetics but is not used in Scientology.)

The ultimate possibilities open to a clear are beyond all the limitations of material existence. Again there is a close resemblance to the ultimate expectations of Christian Science:

If you were cleared and, with your body at home you were in a library, you could read in the library just as well, with the limitation that you might not have as good a grasp on pages. You would certainly know you were in the library . . . . You would not be concerned with telepathy, with the reading of other people's minds, and other such bric-a-brac. You would simply know what you wanted to know.<sup>12</sup>

<sup>10</sup>L. Ron Hubbard, *Scientology, the Fundamentals of Thought*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1956, p. 11.

<sup>11</sup>*Ibid.*, p. 10.

<sup>12</sup>L. Ron Hubbard, *Dianetics '55*, *op. cit.*, p. 33.

While Scientology officially claims to be uninterested in healing mental or physical disorders,<sup>13</sup> it is extremely antagonistic towards the medical profession, and towards the psychiatric profession in particular. Students contracting for Scientology processing must agree not to take psychiatric care at the same time, nor may they belong to any organization of an occult nature considered to be providing rival forms of treatment. A special Scientology project is the collection of data on cases of psychiatrists raping or assaulting patients.

Hubbard does not make the claim that Scientology will replace physical medical treatment, but he does regard his techniques as superior to all other forms of healing for psychosomatic and psychological disorders, which he sets at 70 per cent of the total. Although he collected much of his material by the use of hypnosis,<sup>14</sup> he claims that Scientology does not use or involve hypnosis, and opposes its use for therapy.

Like Mrs. Eddy, Hubbard is quite concerned to protect his own personal interest in the commercial propagation of his teachings, and to maintain a heavy veil of secrecy over the techniques used in Scientology training. All information and materials received are the property of Hubbard, by contract, and are not disclosed to the uninitiated. "Keeping the technology in", as it is called, is part of the assignment of the internal policing system of the organization, known as "Ethics".

## Doctrine

The basic thesis of Dianetics and Scientology is that the human mind consists of three parts: The "Analytical Mind", the "Reactive Mind", and the little mentioned (and for our purposes unimportant) "Somatic Mind". It was the discovery of the "Reactive Mind" which Hubbard ranked with the discovery of fire, the wheel and the arch.

The Analytical Mind is the conscious, rational, calculating and computing mind, which in perfect form Hubbard likens to a computer. It records and recalls every perception and never makes a miscalculation. The survival of the human organism is its basic drive, and it thinks in terms of differences and similarities.

The Reactive Mind is a bank of faulty, trouble-making circuits in the computer. When the Analytical Mind experiences pain, painful emotion or unconsciousness, perceptions continue to be recorded by the organism, with the pain included, and these are filed separately from conscious experience. The recordings are called "engrams".

<sup>13</sup>The Toronto Scientology organization and the Washington and international (Saint Hill, England) headquarters officially take the position that Scientology is not concerned with healing or the healing arts. (In this respect, Scientologists and Christian Scientists are alike.) Indeed, the Toronto organization objected to our investigation of its activities on the grounds that we were infringing on its religious freedom.

<sup>14</sup>See *Scientology: Evolution of a Science*, *op. cit.* Chapter 1.



If the Analytical Mind later encounters any perception in its conscious experience corresponding to a perception contained in an engram, it seeks to avoid the pain which it expects to accompany the perception and, for survival purposes, goes into a partly or completely off-circuit state. Then the Reactive Mind takes over, to guide the organism through the crisis.

This tripping-out of the Analytical Mind explains the occasions on which human behaviour becomes irrational, and accounts for psychological disorders and psychosomatic illness. At one time in human evolution the Reactive Mind was useful; for it directs the organism on a stimulus-response basis, at a rugged, extremely simplified level of action where the fine computations of the Analytical Mind are absent. It is a kind of "fusing" system to protect the computer from overloading. The Reactive Mind thinks only in terms of identities. If dogs have been dangerous in the past, every dog is dangerous.

Engrams (the "demon circuits", as Hubbard calls them) are of more than a residual recording nature. They have their own power to disrupt.

The reactive mind does not store memories as we think of them. It stores engrams. These engrams are a complete recording, down to the last accurate detail, of every perception . . . . But they have their own force . . . . An engram can be permanently fused into any and all body circuits and behaves like an entity.<sup>15</sup>

Engrams can take over the body's behaviour during periods when the Analytical Mind trips out; but they can also *cause* the Analytical Mind to trip out. The normal person, unaware of the Reactive Mind, will not understand why he acts as he does, and will be unable to control actions in those areas where engrams have been recorded. Nor will he be able to remember when the engrams were recorded. (In fact, the most serious ones were fused into his circuits before he was born.)

Scientology incorporates most Dianetic doctrine, but with some changes. When he introduced the new science in 1952, Hubbard said:

It is a precise and exact science . . . employed by an auditor (a scientology practitioner) upon individuals or small groups of people in their presence. The Auditor makes these people, at their choice, do various exercises, and these exercises (processes) bring about changes for the better in intelligence, behaviour and general competence.<sup>16</sup>

Hubbard believes that Scientology is superior to Dianetics. Dianetics is essentially a mechanistic procedure, through which man is treated as a machine (a computer). Scientology, by contrast, is like a religion, for it "addresses Man the Spirit, not Man the Machine".<sup>17</sup>

<sup>15</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, op. cit., p. 60.

<sup>16</sup>L. Ron Hubbard, *Scientology, the Fundamentals of Thought*, op. cit., p. 9.

<sup>17</sup>L. Ron Hubbard, *Scientology: Evolution of a Science*, op. cit., p. 7.

The psychological doctrine of Scientology improved on that of Dianetics by adding an "awareness of awareness unit". This is not part of the mind, but a facility or pattern of operation. It is defined as follows:

An actuality of no mass, no wave length, no position in space or relation in time, but with the quality of creating or destroying mass or energy, locating itself or creating space, and of re-relating time . . . . The foremost ability of the awareness of awareness unit is to have an idea and to continue that idea and to perceive the idea in its continuance in the form of mass, energy, objects and time. In the field of Scientology the fact that this awareness of awareness unit can also control and even make physical bodies is almost incidental.<sup>18</sup>

. . . the analytical mind and the reactive mind alike are by product mechanical minds . . . . The awareness of awareness unit however, is itself decision, is itself knowingness . . . . Apparently then we have a causative agent and two machines.<sup>19</sup>

While Hubbard continues to use the term "awareness of awareness unit" when elaborating psychological doctrine, he speaks of the causative agent at the metaphysical or religious level of Scientology as the "Spirit" — or more specifically, the Thetan — of each individual. This Thetan is immortal, and has been reincarnated through many forms.

Hubbard also has elaborated his own physiological doctrines to support his psychology and metaphysics. The basic physiological doctrine is that of cellular engrams. He argues that the sentient organism records perceptions before organs are formed, or a nervous system or brain.

. . . cells are evidently sentient in some currently inexplicable way . . . the Cells as thought units evidently have an influence, as cells, upon the body as a thought unit and an organism . . . .<sup>20</sup>

The engram is not a memory, it is a cellular trace . . . .<sup>21</sup>

Then the body remembers. It may co-ordinate its activities in a mechanism called the brain, but the fact is that the brain is also part of the nervous system and the nervous system extends all through the body . . . .<sup>22</sup>

The psychological content of engrams is recorded, he claims, along a "time track", an awareness of continuity of experience. This leads to two further psychological doctrines of Hubbard's invention: the key-in and the lock. A key-in is an occasion when an engram is restimulated by an experience or perception encountered by the Analytical Mind, at which point the Analytical Mind trips out and lets the Reactive Mind take over. Every time this happens, the power of the engram over the individual's "normal" behaviour is strengthened. This effect is like adding one more "lock" to Houdini's many chains and locks.

<sup>18</sup>L. Ron Hubbard, *Dianetics '55*, *op. cit.*, p. 37.

<sup>19</sup>*Ibid.*, p. 22.

<sup>20</sup>L. Ron Hubbard, *Scientology: Clear Procedure*, *op. cit.*, p. 70.

<sup>21</sup>*Ibid.*, p. 128.

<sup>22</sup>L. Ron Hubbard, *Scientology: Evolution of a Science*, *op. cit.*, p. 37.

Hubbard claims that most individuals have hundreds of engrams, and that by adult age many of them have been keyed-in thousands of times.<sup>23</sup> He suggests that psychoanalysis and psychiatric treatment attempt to pick these locks one at a time, over endless hours, perhaps never reaching the original engram. Of course, no matter how many locks are opened, as long as the engram is there the problem will continue and more locks will be formed.<sup>24</sup> In short, psychotherapy is hopeless.

## History of Dianetics and Scientology

When L. Ron Hubbard published his first book, *Dianetics, the Modern Science of Mental Health*, in 1950, it rapidly rose to the American bestseller list. On July 24, 1950, Time Magazine reported:

Armed with the manual, which they called simply "The Book", fanatical converts overflowed Saturday night meetings in Hollywood, held dianetics parties, formed clubs, and "audited" (treated) each other. In many ways, dianetics ("the science of mind") is the poor man's psychoanalysis; it has a touch of Coueism and a mild resemblance to Buchmanite confession. It purports to cleanse the mind of previous harmful influences, thus vastly increasing its powers and efficiency, by making the individual relive former painful experiences to "discharge" their evil power.

Cures were reported from the very beginning:

Frank Dessler, an office manager at 20th Century Fox, had dabbled in dianetics and was persuaded to audit an actor's wife who had suffered from migraine. Says Dessler: "She was suffering a severe headache, but it wasn't like migraine. It seemed to be sharp and on either side of the head. Finally, she actually experienced birth. She crouched on the couch in fetal position with her head between her knees." She attributed the pain she felt to the pull of the forceps on her head. Having relived her birth, her migraine disappeared.<sup>25</sup>

In February 1952, Hubbard's Dianetic Research Foundation went bankrupt, after New Jersey authorities charged its "auditors" in that state with illegally practising medicine. Hubbard moved to Kansas to attempt a reorganization; but the bubble had burst, and Dianetics dropped from public attention.

Not easily discouraged, Hubbard gathered a small group of loyal followers. He became interested in a device produced by Volney G. Mathison, the "electropsychometer" or E-meter (see Chapter 5 for a full description). Hubbard obtained a franchise from Mathison (later cancelled), and by December 1952 he was back in the public eye:

Now, the founder of still another cult, he claims to have discovered the ultimate secrets of life and the universe, and to be able to cure everything, including cancer.<sup>26</sup>

<sup>23</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, *op. cit.*, p. 304.

<sup>24</sup>*Ibid.*, p. 304.

<sup>25</sup>Time Magazine, July 24, 1950.

<sup>26</sup>Time Magazine, December 22, 1952.



Establishing a new headquarters at Phoenix, Arizona, Hubbard awarded himself the degree of D.Sc. and began the promotion of Scientology clubs. The E-meter fascinated many who tried it, and preclears were soon reported in the press as recalling experiences trillions of years ago. It was said that these painful engrammatic experiences accounted for present-life problems. For example, the patient who had a great deal of trouble containing emotion was found to have lived as a form of clam millions of years ago. It lived by pumping sea-water from its shell through its eyes. Hubbard called it a "boo-hoo", and the treatment applied to this problem, "running the boo-hoo".<sup>27</sup>

Hubbard appears to have learned two important lessons from the collapse of Dianetics. First, he must establish an organization under his own personal control, rather than simply releasing a book for use by any reader. (Mrs. Eddy learned the same lesson in founding Christian Science; for, as we have mentioned, she gradually restricted possible competition by control of sermon material, church government, and so on.) To this end, on May 19, 1954, Hubbard incorporated a parent company, "Hubbard Association of Scientologists International" as a non-profit corporation in Phoenix, Arizona, to facilitate his personal, corporate control of the activities of Scientology clubs.

The second lesson Hubbard learned was that the field of religion is much less restricted than that of medicine. Dianetics had been presented as a therapeutic system, with appropriate terminology, and had been offered to the medical profession as a certain cure for 70 per cent of man's ailments. The medical profession had proved ungrateful and antagonistic. Hubbard noted that "society accords to men of the church an access not given to others". Prisons, hospitals and institutions "cannot do otherwise than welcome men of the church . . .".<sup>28</sup>

He therefore followed the pattern already well proved by Christian Science, achieving free operation for a healing technique by organizing it as a religion. The "Church of Scientology of California" and the "Church of Scientology of Washington" were incorporated, both under the personal control of Hubbard and his third wife, Mary-Sue.

Hubbard then travelled to England to organize Scientology support there, and found the milieu comfortable. He purchased a rambling twenty-room mansion at "Saint Hill", East Grinstead, Sussex. Saint Hill became the international headquarters from which the movement expanded. The training organization at Saint Hill is incorporated under the Church of Scientology of California, but in addition Hubbard incorporated the Hubbard Communication Office (World Wide). The Scientology movement was organized into two parallel branches,

<sup>27</sup>*Saturday Evening Post*, March 21, 1964.

<sup>28</sup>*Ibid.*

with the HCO side acting as an internal policing system directly responsible to Hubbard. Through HCO Hubbard also personally controls all doctrine and publication in Scientology.

Hubbard's claims of religious privilege did not prevent the Food and Drug Administration of the United States from seizing 100 E-meters from the Washington Scientology offices in 1962. The charge was that the devices were mislabelled:

. . . claiming diagnosis, prevention, treatment and elimination of the causes of all mental and nervous disorders such as neuroses, psychoses, schizophrenia, and all psychosomatic ailments including most of the physical ailments of mankind, such as arthritis, cancer, stomach ulcers, radiation burns from atomic bombs, polio, the common cold . . .<sup>29</sup>

The FDA charge eventually was heard in a U.S. federal court in 1967, and the government attorneys argued that the only demonstrated effect of the E-meters was to measure skin resistance to electric current. The court decided in favour of the FDA.

In Australia in 1963, following several cases of mental breakdown and of severe family discords arising from Scientology practice in Melbourne, the state government of Victoria appointed a Board of Inquiry to investigate Scientology. Between November 1963 and September 1965, the Board sat for 160 days or hearings, called 151 witnesses, and received 621 exhibits. The local Scientology organization cooperated with the Board for about six months, with the hope that the final report would provide the organization with its first official governmental recognition. Instead, the Board denounced Scientology in the most vigorous terms and urged that it be banned from the state, both as an organization and in the form of all Hubbard's writings. The Victoria Psychological Practices Act of December 1965 carried out the Board's recommendations in full, and the Ministers of Health of all Australian states have since resolved in a joint gathering to keep a watchful eye on the activities of Scientology elsewhere on the continent.

In October 1966, the American Cancer Society felt compelled by the expansion and claims of Scientology to issue a specific warning to its fifty-eight divisions that it had "found no evidence that treatment with the E-meter results in any objective benefits in the treatment of cancer in human beings".

In March 1967, following a debate on Scientology in the British Parliament, the Minister of Health strongly denounced the activities of the organization in Britain.

In July 1968, the Ministry of Health in Britain went so far as to issue a public warning that "the Government is satisfied, having reviewed all the available evidence, that scientology is socially harmful" but noted that it had "no power

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<sup>29</sup>Quoted from FDA records by a letter to the Committee on the Healing Arts from the Investigation Bureau of the American Medical Association, May 15, 1967.

under existing law to prohibit the practice of Scientology". The press release (July 25, 1968), however, announced new restrictions<sup>30</sup> on the entry of foreign nationals to the United Kingdom for study at the Scientology Headquarters at East Grinstead.

Following a joint announcement of concern by the Ministers of Health of South Australia, Western Australia, Victoria and New South Wales at a conference in June 1968, a bill was introduced in the South Australia legislature in September 1968, which would have the same effect as the Victoria Act already mentioned.

Despite these setbacks, Scientology has continued to grow steadily everywhere. L. Ron Hubbard has stated his conviction simply: "Nothing can stop us."

## Organization

The central corporate structure of Scientology has already been outlined. It is under the direct legal control of the founder, L. Ron Hubbard. National centres of Scientology have been established on five continents: Africa, Europe, North America, Australia and New Zealand, and Asia (Japan). These national organizations have "city offices" in the larger urban centres, and "franchises" in smaller centres. The national centres are in constant communication with Hubbard through Telex links.

At the time of writing there were two operations in Canada: a "city office" in downtown Toronto and a franchise operating out of a private home in Vancouver. Until the Committee on the Healing Arts requested certain information on "auditing" as a healing technique, the Toronto centre called itself "The Hubbard Scientology Organization of Toronto". Then, for the first time, correspondence was headed "Church of Scientology" and signed by a "minister".

The Toronto centre operates directly under the control of the Washington Church of Scientology. The Certificate of Incorporation of this Church, dated July 21, 1955, includes among the objectives of the Church "healing the sick and suffering by prayer or other spiritual means without the use of drugs or material remedy". The Church is entitled to "accept fees and donations for the furtherance of its religious, educational and missionary objectives and work . . .". The Certificate provides that the Trustees (Hubbard, his wife Mary-Sue and one "David Murray") "shall not receive compensation for their services as such, but may be compensated for other services rendered".

Ten per cent of all Scientology organization income throughout the world goes directly to Hubbard at Saint Hill. He maintains that this is spent on "research" and that he lives on his own "private means".<sup>31</sup>

No reliable estimate of the total world membership of Scientology is available,

<sup>30</sup>These are quoted in full on p. 86.

<sup>31</sup>*Saturday Evening Post*, March 21, 1964.



though Hubbard maintains that it is "in the millions" and doubling every six months.<sup>32</sup> At this rate of growth, the whole population of the world would be within the organization by 1980.

"Membership" data would be of little use in estimating the growth of Scientology, since one of the growth techniques of the organization is a liberal policy of "free six-month memberships", which entitle the holder to purchase Hubbard's books at a 10 per cent discount and to receive the Scientology newspaper edited by Hubbard, *The Auditor*. An annual membership costs fifteen dollars but does not entitle the holder to voice or vote in the policy or administration of Scientology.

A more useful indicator of Scientology growth is the number of clears graduating from Saint Hill. In 1968 this averaged about ten per week and totalled 1,400 towards the end of that year. Becoming clear (as described on pp. 69-73) requires at least six months by the processing route and two years by the training route. Either route costs several thousand dollars. For each clear there are probably many hundreds of students (preclears) in processing.

Even where Scientologists are few in number, by dedicated work they achieve impressive results as an organization. The Toronto organization will devote ten hours of instructor time to a class of one student, rather than risk losing him by asking him to wait until more enrol. Once an individual has given his name to the organization with even a minimal indication of interest, he continues to receive direct mail appeals for at least six months. The centre opens a file on each individual who has received any form of training.

Very few individuals who commence processing or training can afford the fees. The solution is to join the staff, contributing part-time hours of work to help pay the fees. Once absorbed into the organization's daily activities, the preclear tends to remain after completing his course. Of the first 131 clears whose names were published in *The Auditor* (1966), at least 111 were on Scientology staff somewhere in the world.

Employment by the organization also increases the opportunities of higher staff to indoctrinate the newcomer in the philosophy and mission of Scientology. An attitude of personal loyalty to Hubbard is inculcated, and all staff are repeatedly urged to "Help Ron clear the planet".

Hubbard has designed his organization to weed out doubtful recruits and to ensure the constant dedicated loyalty of staff. This has been achieved by organizing all Scientology centres into two parallel structures. On one side is the Academy of Scientology (HSA), with responsibility for training, and on the other, the

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<sup>32</sup>*Ibid.*

Hubbard Communication Office (HCO), responsible for administration and "Ethics". Thus the Toronto centre has two chief executives, one in charge of the HSA (training) and the other as HCO Director.

Within the organization, any staff member may report (by "pink slip") any other for a default in either responsibilities or understanding of doctrine. The pink slips move up through the "Ethics" channel, setting in motion a trial process, with appeals and petitions, which reaches up to Hubbard himself at Saint Hill. If a member is accused of being a "Suppressive Person" (S.P.), until he is exonerated no Scientologist (including a new member) may communicate with him, on pain of losing his own good standing.

An incident which occurred in the Toronto organization in 1967 serves to illustrate how members are disciplined. Internal dissension between two executives, both trained at Saint Hill, led to one charging the other with "high crimes against Scientology" and declaring him a Suppressive Person. Although the accused executive appealed to Saint Hill for restitution, the appeal was rejected. A bulletin labelled "The Fair Game Law" (issued by Hubbard) was posted for several months on the Toronto centre bulletin board. It informed all Scientologists that any actions they took which might otherwise be considered offensive against Scientology standards, would not be so considered when directed at S.P.'s; these persons were to be regarded as "fair game" for any kind of attack.

Some idea of the nature of Scientology treatment of alleged opponents and apostates, their so-called "Suppressive Persons", can be gained from a *Written Answer* by the British Minister of Health<sup>33</sup> quoting an *Executive Letter* of L. Ron Hubbard issued September 5, 1966:

To: Scientologists  
From: Ron  
Subject: How to do a NOISY Investigation.

Further to H.C.O. Executive Letter of 3rd August, 1966, Cathy Gogerly, H.C.O. Area Sec., Adelaide, Australia, has given details of how to go about dealing with attackers of Scientology.

Here's what you do.

Soon as one of these threats starts you get a Scientologist or *Scientologists* to investigate noisily.

You find out where he or she works or worked, *doctor*, dentist, friends, neighbours, *anyone*, and 'phone 'em up and say, "I am investigating Mr./Mrs. . . . for criminal activities as he/she has been trying to prevent Man's freedom and is restricting my religious freedom and that of my friends and children, etc. . . ."

You say now and then, "I have already got some *astounding* facts", etc., etc. (Use a generality) . . . . It doesn't matter if you don't get much info.

<sup>33</sup>House of Commons, Great Britain, Written Answer No. 1459, 1967-1968, July 25, 1968.

Just be *NOISY* — it's very odd at first, but makes fantastic sense and WORKS. (Honestly, you feel a real dill, it's so reverse to all detective work).

You will find that Scientologists will come rushing forward with 90% of your facts anyway. (They are *never* from auditing sessions). Scientologists are really terribly ethical.

Best and love,  
Cathy.

L. RON HUBBARD

Any member enrolled in Scientology programs can act as a "Field Staff Member", referring his friends to the centre. Any new member enrolled as a result of an F.S.M.'s efforts will bring a 10 per cent commission to the F.S.M., based on the fees paid in by the new member. Special weekend "Training Rally" instruction is given to members wishing to become F.S.M.'s.

Scientology also recruits new members by free lectures, by some newspaper advertising, and by direct mail. Even complex training programs, such as the "Anatomy of the Mind" course covering twenty evenings, are arranged so that a new recruit can enter without waiting. Since the "Anatomy" course is taught in twenty self-contained units, a new member who enters at Unit 11, simply continues on to Unit 20, and then remains for Units 1 to 10.

The age range of those attracted to Scientology is much younger than that of Christian Science. Most preclears at the Toronto centre range between the early twenties and the early forties. The educational range is higher than that of Christian Science; many of the younger preclears at the Toronto centre are university students, or even graduates. Artists, salesmen, young professionals and the occasional "beatnik" are also found among Scientology members. Most preclears are in the middle-class range, economically speaking. While Scientology does not require an *intellectual* aptitude, it is more complex than the average working class person would wish if seeking an occult healing technique.

## Therapy

According to their own claims, Scientologists do not practise therapy. "Dianetic therapy" is said to be used only for training purposes, and Scientology *auditing* is claimed to be concerned not with healing, but with "making the able more able". After we have presented the techniques involved, the reader may judge for himself whether Scientology auditing is a form of therapy.

There are two routes to the ultimate and hoped-for state of clear. The *processing* route takes the preclear himself to clear, but does not enable him to help anyone else attain that state. The *training* route teaches the techniques of taking a person to clear; and in the process, with help from an auditor at the lower levels of training, the student may use these techniques to clear himself.



The processing route requires about six months of auditing, for at least twenty-five hours a week. The price of auditing at the Toronto centre is currently \$150 for five hours, or a reduced rate of \$780 for thirty hours. Scientology clearing compares in price with psychiatric treatment (though, of course, the Scientology process is claimed to be much faster as well as far superior).

The organization prefers the preclear to take the training route, so that he can join the staff and "help Ron clear the planet". This route takes at least two years, but involves less intensive routines than the processing route at the lower levels. The higher levels of training and/or processing are done only at Saint Hill.

Whichever route the preclear selects, auditing will be a major portion of his experience. Auditing is the therapeutic technique of both Dianetics and Scientology. Since Dianetic auditing is still used as a training method, and is the forerunner of Scientology auditing, a brief description is necessary.

Dianetic auditing is done in a "Dianetic reverie".

The patient sits in a comfortable chair . . . or lies on a couch in a quiet room . . . . The auditor tells him to look at the ceiling . . . (and) says "When I count from one to seven your eyes will close". He continues counting one to seven until the patient's eyes do close.<sup>34</sup>

"This is not hypnotism," Hubbard emphasizes. To prove his point, he instructs the auditor to install a "canceller."

A canceller is worded more or less as follows: In the future when I utter the word Cancelled, everything which I have said to you while you are in a therapy session will be cancelled and will have no force with you. Any suggestion I have made will be without force . . . do you understand?<sup>35</sup>

Even so, Dianetic reverie could be a hypnotic procedure. The installation of a "canceller" simply prevents *posthypnotic* suggestion. (It would not even do that if incorrectly applied.) During the session itself the auditor could acquire much information as a result of inducing suggestion. In fact, even the induction of the canceller, in the terms above, is a suggestive procedure, of which hypnosis is simply an extension in degree.

Once the patient is in reverie, he is "returned" to an early age and asked to start talking about anything he can recall. It is desirable that he actually relive the event, speaking to the auditor in the present tense. Hubbard suggests that once he does so, a hypothetical mechanism of the mind's recording system (which he calls "the file clerk") will begin to "hand out" traumatic experiences from the past. It is the auditor's task to "discharge" the emotional pain attached to these experiences by having the patient relive them over and over.

<sup>34</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, *op. cit.*, p. 198.

<sup>35</sup>*Ibid.*, p. 200.

Hubbard also has devised a healing therapy he calls an “assist”:

It is done after injury or illness . . . in order to promote more rapid recovery . . . . This is specialized therapy which will probably be practiced commonly enough but is of primary benefit to the medical doctor who, with it, can save lives and speed healing . . . . Any dianetic auditor can practice this. The assist has about the same level of usefulness as a faith healing miracle which would work every time.<sup>36</sup>

In Maclean's Magazine, August 1966, a Toronto Scientologist was shown being given an “assist” to a bruised knee.<sup>37</sup> This technique, one of the grades in Scientology training, Hubbard has described as follows:

A burn or bruise or even sprains or breaks heal much more swiftly with Scientology assists . . . . For ages Man has known that “laying on of hands” or Mother's kiss was effective therapy . . . . Do this exactly and with a minimum of talk. Place your index finger or fingers or palm on the injured member, very lightly, and say to your patient, “Put your attention on my hand”. Now change the position of your finger or palm and have the patient do it again. It is best to touch your patient on spots which are further from his *head* than the *injury*. Do not talk excessively. But coax him, as you touch, briefly, spot after spot, to put his attention on your finger or fingers or palm. Change the spot every moment or two. Be calm. Be reassuring. If your patient experiences pain or trembling as a result keep on for the therapy is working. Continue in this fashion for many minutes or half an hour if necessary until pain or upset is gone. During this treatment the patient has his eyes closed. It is not power from your finger which is healing him. It is power he generates by “looking” at your finger down through his body. You are putting him in communication with the injury. His communication with it heals it. Ordinarily injuries, sprains, burns, scalds, broken bones, headaches and colds heal slowly because the patient is avoiding this area with his own energy.<sup>38</sup>

Scientology auditing is substantially different from Dianetic auditing, both in theory and in practice. In Dianetics the therapy aims at retrieving and discharging (“running”) engrams. Basic engrams of prenatal perception are the most important. Since the patient can hardly be responsible for having these engrams, Dianetics heals the patient of problems he “cannot help”. In fact, it is quite impossible for the patient to audit himself:

It cannot be done. That is a flat statement and it is a scientific fact. The auditor is necessary for a large number of reasons . . . . The work is done on these equations: The dynamics of the preclear are less than the force of his reactive bank. The dynamics of the preclear plus the dynamics of the auditor are greater than the force in the preclear's reactive bank. The

<sup>36</sup>*Ibid.*, p. 173. Hubbard's characteristic lack of modesty is well expressed in this extract. He seems quite confident that the medical profession will welcome the enlightenment of Dianetics.

<sup>37</sup>Maclean's Magazine, August 1966, p. 37.

<sup>38</sup>L. Ron Hubbard, *The Problems of Work*, Hubbard College of Scientology, East Grinstead, Sussex, England, 1956, p. 62.

analytical mind of the preclear is shut down whenever he reaches an engram and he is then unable to pursue it and recount it enough times to discharge it without the auditor's assistance.<sup>39</sup>

In Scientology, the objective of the therapy is to improve the general condition and self-control of the preclear so that he can handle his own problems. Engrams are not dug out and discharged until the preclear has been trained to do this. The final processing to clear must be done by the preclear himself, using an E-meter, and without an auditor. In short, having acquired the E-meter, Hubbard reversed the position he took in Dianetics. But Scientology differs from Dianetics in more than approach alone. Dianetics asserts that one cannot be held responsible for engrams, especially prenatal engrams, which are hampering one's present performance. But in Scientology training (auditing) the preclear is directly responsible for his own progress.<sup>40</sup>

The manner in which the preclear agrees to accept Scientology auditing is without parallel in the occult healing groups or in the medical profession. Auditing is sold by the hour, with a five-hour minimum, and the fee is payable *in advance*.

Before being accepted, the "wog" (Scientology's derogatory term for the man off the street) must satisfactorily answer questions on a form called a "release". These questions determine that he has never been under medical care for mental illness, nor had electric or drug therapy; nor ever used LSD or tranquilizers; nor ever had any serious illness (such as epilepsy, heart trouble, diabetes); nor is addicted to any drug (including alcohol); nor is a member of the Communist party. They also assure that he has never been convicted of a criminal felony, never used a false name, and is not employed directly or indirectly by any governmental agency. He must attest that he came to Scientology on his own self-determinism and that he is "willing to undergo any E-meter test requested by any authorized HCO personnel" (the internal policing side of Scientology).

Having surmounted all these hurdles, the wog signs a contract for a stipulated number of hours of auditing (processing). This contract permits the organization to "continue processing beyond the contracted time at the Centre's discretion if the Centre deems it advisable and necessary to the successful completion of the processing". Although the enforceability of such a provision could probably be contested in court, the preclear is naturally expected to pay for all additional auditing.

<sup>39</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, op. cit., p. 366.

<sup>40</sup>In many Scientology auditing routines, the preclear is frequently "flunked". Routines are repeated again and again until the preclear exactly "duplicates" the auditor's instruction. During this process, the preclear may (and probably will) develop a heavy burden of guilt, comparable to that of a student on whom heavy demands are made and who is repeatedly failed. The analogy of a "confessional" used by Scientologists to describe auditing is significant. The Dianetic patient is not guilty of his problems; the Scientology preclear is made to feel excessively guilty.



The contract further requires the preclear to “disconnect from any groups, associates, friends or family that are found to be enturbulative” to the preclear’s progress. Additionally he must not use any other “practice of any kind” and must not have used on him any other practice, during the term of the contract. Apparently this is not interpreted to cover dental or (physical) medical treatment, but does exclude psychiatric treatment, as well as any occult form of healing. The contract states that the preclear understands that Scientology is not for “treating and diagnosing human ailments of mind or body”; but we have already demonstrated amply the factitiousness of this advice.

The contract used by the Saint Hill headquarters for enrolment in higher level training (power processing and clearing) is of interest. The applicant recognizes that the processing to be received will be given by Hubbard and his staff “entirely at their discretion . . . and out of the goodness of their own hearts”, and agrees that he can be “suspended from such processing and/or training without rebate or refund, recourse or appeal”. He agrees that any additional auditing and/or training in the Department of Review will be accepted and paid for “at the current rates prevailing”. He further agrees to all the standard release requirements (including E-meter tests and the fact that he is not anyone’s spy) and also agrees to *find his own preclear to practise auditing on*. All materials and information received remain the property of L. Ron Hubbard.

Having consented to all this, the applicant is invited to pay in advance at the rate of \$1,140 for fifty hours of “power processing”. If the applicant sends the money before actually arriving at Saint Hill, he gets a 5 per cent discount.

Since our further inquiries into auditing procedures were blocked by the organization,<sup>41</sup> the following details are derived from four sources: a verbal description of auditing given by the Toronto HCO Director; experiences of several Toronto residents who were audited in the Toronto Scientology centre; extracts from instructions on auditing contained in Scientology publications by Hubbard; descriptions of actual auditing sessions arranged by the Melbourne Scientology organization for viewing (on closed circuit television) by the Victoria Board of Inquiry into Scientology.

#### **Account by Toronto HCO Director**

“Auditing is a very light process . . . a kind of confessional . . . . A listener asks a question and receives an answer. One person addresses another as a being, not

<sup>41</sup>The “Church” used the same techniques for dealing with us as it instructs its members to use against any alleged opponent or apostate, the so-called “Suppressive Persons” techniques (see p. 68). In our case this involved scurrilous press releases accusing at least one member of the Committee on the Healing Arts of personal “crimes” and impugning the motives of the whole Committee. After lengthy consideration the Committee concluded that further use of its powers of investigation would not add substantially to information already available (the general drift of which was amply confirmed by the “Church’s” tactics) and would merely delay a final report on the matter.

a body — that's very important — helping the person to be able to take sufficient responsibility for himself, for the position he is in, the things he has done, and to be more at ease over his own life, therefore to become more able." This is the way auditing was characterized in a personal interview with the Toronto HCO Director of Scientology. She admitted that the questions asked in auditing follow a standard pattern and gave an example.

At level O I might ask you what you would like to talk about and you might say "Fish" and I'd say "Fine, what would you like to say about fish?"

This Director is a fully trained auditor to the highest Scientology level (Grade 6). In addition she has completed the auditing of herself to clear. At the time of the interview, she conducted all the higher level auditing in Toronto. A second auditor at the centre has been *processed* to clear, but is *trained* only to Grade 1.

Auditing hours are not given in the same manner as in psychiatric treatment, an hour at a time, and perhaps one or two hours a week. Instead, all the hours purchased by the preclear are used up in consecutive sessions before the auditor turns her attention to another preclear. Thus a preclear who purchases twenty-five hours receives five a day for five consecutive days. "We don't just dabble-dabble," the Director explained.

In further conversation, the Toronto auditor admitted that she had never studied psychology and knew very little about techniques of psychotherapy. However, she felt quite confident that her training equipped her to handle the problems she dealt with as effectively as any trained professional. She denied ever having experienced any emotional breakdowns of preclears in auditing, but she admitted that she had dealt with problems sufficiently severe to request the preclear to "disconnect" from family or friends felt to be "suppressive".

She argued that auditing is a light, easy gradient which puts no healthy person under any unusual strain. People come in for auditing because they want it, she explained, and they therefore cooperate with the auditor without emotion or hostility.

The role of the E-meter in auditing was explained as a "confessional aid" which "helps the preclear to locate something". The preclear, when asked a question, may believe he has the answer somewhere in his experience but cannot find it, perhaps because the memory is painful. He runs over a series of memories until the E-meter needle indicates that he has hit upon the significant one. The auditor says, "There it is—that's it", and the preclear tells what he is thinking about at that moment.

The Director explained that the E-meter is used also to determine when "the end of a process" has been achieved. After a preclear has mastered a routine, the needle stays flat (there is no traumatic reaction) and the auditor can go on to the next process.

In summary, we note the Director's emphasis on the preclear's responsibility in the auditing situation, her emphasis on the lightness of this "confessional" process, her apparently non-directive role and her assurance that the preclear is not involved in potentially dangerous psychological and emotional situations. A similar picture of the nature of auditing was given to the Committee on the Healing Arts at the Hearing on Scientology, March 4, 1968, during which an E-meter was "demonstrated".

### **Auditing Experiences**

The personal reports of individuals who have experienced Scientology auditing in Toronto differ substantially from the description given by the organization leadership.

In its August 1966 issue, Maclean's Magazine reported the case of a young woman sent for auditing by Wendy Michener, a free-lance writer. The following account is based on the article and an interview with the author.

"Jean", the author's "plant", was audited for five hours. A number of questions concerning intimate personal matters were included, and during the auditing "Jean" was connected to an E-meter. Since she had no idea how it worked, she was easily intimidated into disclosing information, becoming confused and nearly hysterical.

The auditor got a high E-meter reading on a question which could be expected to upset anyone sent as a "plant": "What did some one almost find out about you?" This question was asked over and over for an hour, while "Jean" continued to conceal her real purpose in being there.

By the end of five hours, "Jean" was convinced that she had done an evil thing in deceiving the auditor, and when the latter recommended more processing, she was ready to agree. In fact, it took Miss Mitchener three days to dissuade "Jean".

The Toronto HCO Director explained that as "Jean" had obviously not come in good faith for auditing, she could expect an unhappy experience. "She was lying and the auditor knew it," the HCO Director pointed out, comparing the situation with a child lying consistently to its parents for an hour. "You'd feel terrible afterwards too," she suggested.

The ethics of "Jean's" behaviour need not concern us here; but it is obvious from her experience that auditing is more than a light confessional, or a listening process. Considerable psychological pressure is used on the preclear to get the information wanted by the auditor.

This observation is confirmed by the experience of a young male university student who took some auditing more than a year ago in Toronto. He reported that at times he felt "like taking a swipe" at the auditor when pushed to answer



probing personal questions. Another preclear, a young professional woman, reports that she was asked the same question more than 100 times. She was reduced to the point of giving any answer that came into her head in a desperate effort to satisfy the auditor (and the E-meter, of course).

### Instructions to Auditors

A number of extracts from Scientology publications by Hubbard indicate the processes used in auditing and the results expected. In explanation, it should be noted that the concept of "communication lag" is employed, as well as the E-meter, to measure the efficacy of processing.

"Communication lag" is defined by Hubbard as "the length of time intervening between the posing of a question . . . and the exact moment that question . . . is answered". This concept is used because in many auditing routines the preclear is moving about the room<sup>42</sup> and E-metering is impossible. Thus, instead of continuing a process until the E-meter shows no reading, it is continued until the "communication lag goes flat":

Flattening the communication lag requires only that the preclear answer after a uniform interval of time at least three times . . . . This uniform interval could, for practical purposes, be as long as 10 seconds . . . . Give an order, as in Opening Procedure of 8-C or ask the question, as in Straightwire, and then continue to give that same order or ask that same question until the preclear executes it after a short interval three times the same.<sup>43</sup>

After the communication lag has been flattened, the auditor can confirm that the process is finished by using the E-meter, and then move on to the next process. Examples of the specific questions and orders used in auditing follow:

Elementary Straightwire has two basic commands. One of these commands is used continuously, over and over and over, until the communication lag is entirely flat on it and then the other command is used over and over and over until the communication lag is flat, at which time it will be discovered that the first command will now give communication lag . . . . The two commands are "Give me something you don't mind remembering" and "Give me something you wouldn't mind forgetting".<sup>44</sup>

Opening Procedure of 8-C is one of the most effective and powerful processes ever developed . . . the main error which is made . . . is not to do it long enough. It takes about 15 hours of Opening Procedure of 8-C to bring a person into a completely relaxed and self-determined state of mind regarding orders . . . . Step "a" is . . . "Do you see that object?", the auditor pointing. When the preclear signifies that he does the auditor says "Walk over to it". When the preclear has walked over . . . "Touch it". When the preclear does . . . "Let go" . . . and designates another object . . . and goes through the same procedure once more.<sup>45</sup>

<sup>42</sup>According to the Toronto HCO Director, the preclear is stationary during auditing.

<sup>43</sup>L. Ron Hubbard, *Dianetics* '55, *op. cit.*, p. 103.

<sup>44</sup>*Ibid.*, p. 120.

<sup>45</sup>*Ibid.*, p. 123.

Thus, in these auditing procedures the preclear is not merely remembering or confessing, as he might in psychotherapy; he is obeying orders, and must obey them *exactly* as desired by the auditor before the process is completed. Up to fifteen hours is suggested for a single automatizing process.

In Chapter 2 we pointed out that hypnosis may be induced by “command” techniques. If a preclear can be trained (remembering that hypnosis is a learning process) to obey orders automatically on relatively meaningless matters (such as “Do you see that object . . . touch it”), it seems reasonable to assume that a process of suggestion, and probably hypnosis, is involved in Scientology auditing.

Hubbard himself is highly skilled in hypnosis and refers to frequent use of it in his “research”.<sup>46</sup> However, he insists that hypnosis is not involved in Scientology auditing. He compares auditing with a concept of hypnosis which we have already shown (in Chapter 2) to be mythological:

Many people believe that Opening Procedure . . . induces hypnosis. This is because in running it hypnosis runs off: the preclear while the hypnotism is running off, may feel quite hypnotized. It is the exact opposite of hypnotism. Hypnotism is an effort to persuade the individual to do nothing, to sit still, and to fully accept the inflow.<sup>47</sup>

Hypnotism is not necessarily “doing nothing” and does not involve “fully accepting an inflow”, whatever that may mean (it seems to suggest the concept of hypnosis where the hypnotist stares the subject into submission). The phrase “hypnotism runs off” is without any scientific meaning whatever. Note, too, that Hubbard refers to “hypnotism” rather than “hypnosis”; in the medical literature the latter has been employed, and the former rejected as inaccurate, for some years.

If the preclear decides to continue auditing beyond the elementary levels, with the hope of becoming clear, he can expect even more severely manipulative processes than those of “Elementary Straightwire”. Start-Change-Stop (SCS) is a process allegedly designed to increase self-control:

The commands of SCS processes are almost all the same except that some are made more severe than others. The first of these processes is the Start . . . we have a preclear out in the middle of the room standing up . . . and we explain . . . that when we say “Start” we want him to start his body in that direction, and we point out some direction . . . We do not say Stop, Halt or anything else, but after he has moved forward we then say “Did you start your body?” And he says he guesses he did, or he did, and we then—and only then—acknowledge. We do this many times until the process apparently has no charge on it or has gone flat.

We then go into . . . Change . . . the auditor marks four points out on the floor (labelled) A, B, C, D . . . we give him this auditing command: “Now when I ask you to change the body I want you to change the body’s position from A to B. Do you understand that?”

<sup>46</sup>See L. Ron Hubbard, *Scientology: Evolution of a Science*, op. cit., pp. 22-25.

<sup>47</sup>L. Ron Hubbard, *Dianetics* ‘55, op. cit., p. 124.

The auditor then goes on to Stop . . . explains that when he says "Stop" he wants the preclear to stop the body . . . lets him move down the room a distance (never the same distance twice) and says "Stop" . . . . When the preclear has stopped the auditor says "Did you stop the body?" . . . . The auditor does this many times until the preclear understands that he himself can stop the body . . . these three steps are then repeated. And it will be discovered that one Stop has been flattened, Start is now unflattened and can be flattened all over again.<sup>48</sup>

These three operations are repeated until the preclear automatically obeys the auditor, a process which at least *resembles* command hypnosis. As various phrases in the extract suggest, the alleged goal is to give the preclear personal control over his body, so that he conceives of himself, the controlling agency, as separate and independent from the body. This is known in Scientology as "exteriorization", and is regarded as a valuable sign of progress towards clear.

Most normal individuals occasionally experience a cognition of "separation" from the body, as in anaesthesia, in religious ecstasy, in intoxication, on an LSD "trip", or on other occasions. Hypnosis can produce the same sensation, as can some forms of mental disease. In psychology it is known as "dissociation" and is not regarded as a psychological *state* to be frequently sought. To Hubbard, it is.

The specific commands used in the Remedy of Havingness process (for adding mass) are remarkably similar to those used to induce positive hallucinations by hypnosis, while the "perfect duplication" process resembles the hypnotic induction of negative hallucination (not seeing what is actually there). For example:

The commands of Remedy of Havingness are as follows: "Mock up a (planet, man, brick). Make a copy of it. Make a copy of it. Make a copy of it." And when the preclear has from five to 15 copies, "Push them all together. Now pull them in on you . . ." <sup>49</sup>

Hubbard claims that these processes can be used to improve the ability of a Thetan even when unconscious or *dead* in human bodily form,<sup>50</sup> and can be used on children. *The Auditor*, Scientology's newspaper, shows a photograph of a ten-year-old girl from Cape Town with her certificate for completion of Grade 3.<sup>51</sup> In another issue of the newspaper, Scientology announced its "youngest clear", the Hubbards' eldest son, age thirteen.<sup>52</sup>

The Toronto HCO Director emphasized that nothing painful or difficult to handle happens in auditing which might require skills such as those of a psychologist or psychiatrist, but Hubbard warns his auditors:

<sup>48</sup>L. Ron Hubbard, *Scientology: Clear Procedure*, *op. cit.*, p. 16.

<sup>49</sup>*Ibid.*, p. 126.

<sup>50</sup>*Ibid.*, p. 1.

<sup>51</sup>*The Auditor*, No. 22, Hubbard Communication Office Worldwide, East Grinstead, Sussex, England, 1967, p. 4.

<sup>52</sup>*The Auditor*, No. 30.



Don't be surprised in running SCS if the preclear suddenly flies to pieces, goes flip-flopping, has to be picked up off the floor and put over on the couch and left aghast, but do be very surprised at yourself if you fail to get the preclear back up on his feet and into session again at once . . .<sup>53</sup>

In another process, which Hubbard calls "Stop Supreme" because of the severity and rigidity of the Stop commands, he warns:

. . . don't be surprised if the preclear falls apart in the process of doing it . . . . There are even more severe versions of this but they are left to the imagination of the auditor.<sup>54</sup>

One of the dangers we noted in the use of hypnosis (in Chapter 2) was the fact that certain individuals obtain considerable satisfaction from the sense of power that comes with hypnotic control over a subject. A hint of this satisfaction can be detected in some of Hubbard's descriptions of auditing.

Another thing is to make the preclear use his eyes to view the objects and if he doesn't turn his eyes toward them then it is up to the auditor to use manual direction of the head and even pry the eyes open. No balks are ever permitted in auditing.<sup>55</sup>

Never permit the preclear to end the session on his own independent decision.<sup>56</sup>

Since he has set out a wide variety of routines by which, over hundreds of hours and at a cost of thousands of dollars, the preclear may ultimately hope to attain the state of clear, it may come as something of a surprise that Hubbard has found that all these routines are quite unnecessary for 50 per cent of the world's population. These fortunate persons can be cleared by the mere command of seven "magic words":

For a very long time in Dianetics we looked for the "one-shot clear". Such a thing has come into existence and is workable on over fifty percent of the current populace of mankind. The one-shot clear depends, of course, upon getting the awareness of awareness unit at a distance from and in control of its various by-products . . . . The astonishing speed with which fifty percent of the human race can be cleared is believable only when you put it into action. The magic words are: "Be three feet back of your head". That is the one-shot clear.<sup>57</sup>

Although *The Auditor* and various internal bulletins of Scientology periodically publish the names of the latest clears by processing and training (with 1,400 persons clear), no list is known to have been published or even a single person noted who has been cleared by the "magic words".

<sup>53</sup>L. Ron Hubbard, *Scientology: Clear Procedure*, op. cit., p. 18.

<sup>54</sup>*Ibid.*, p. 19.

<sup>55</sup>*Ibid.*, p. 22.

<sup>56</sup>L. Ron Hubbard, *Auditor's Code*, Hubbard College of Scientology, East Grinstead, Sussex, England, Appendix.

<sup>57</sup>L. Ron Hubbard, *Dianetics '55*, op. cit., p. 27.

### Victoria Board of Inquiry

Finally, to complete our information on auditing, we refer to the Report of the Victoria (Australia) Board of Inquiry, issued in September 1965 at the conclusion of 160 days of hearings, with 621 exhibits and evidence from 151 witnesses. This Board witnessed seven closed-circuit television demonstrations of auditing willingly produced by the Melbourne centre, using the same standard Hubbard techniques employed in all Scientology organizations.

It is clear from these demonstrations that the description by the Toronto HCO Director of auditing as a "light confessional" and "listening" process applies only to the very lowest level of auditing, which is called "Listen Style Auditing". In the Victoria demonstration the auditor said, simply, "Tell me about the right decisions you have made." The volunteer preclear who participated in this demonstration (and who had taken processing for some time) was admitted to a mental hospital nine days after the demonstration.

Three CCH (Control-Communication-Havingness) routines were demonstrated. These resembled the descriptions by Hubbard already quoted above. After watching these routines in action, the Board concluded that the preclear required to continue them for several hours could easily become hysterical, and that the process could lead to "discussion between the preclear and the auditor of the preclear's most intimate sexual secrets and behaviour . . . these processes when practised for hours at a time almost invariably produce a state of hypnosis".<sup>58</sup>

Another routine demonstrated was "Slow assessment by dynamics", in which the E-meter is used to locate "the answer the preclear is looking for". The *Report* notes that when the needle refused to drop, the preclear was brought to a point of loss of self-control in which he would give out almost any information and at the same time experience a deep sense of guilt.<sup>59</sup> In fact, he "confesses" acts he never did at all, but merely produces in his imagination in his effort to "satisfy" the E-meter. The Board found that in some cases the preclear gave 350, or 750, or as many as 1,400 different answers to the same question in an effort to "flatten" the E-meter reading.<sup>60</sup>

### Training the Auditor

Training in Scientology begins at an extremely elementary level, and at a low price, with a five-evening course in "Personal Efficiency", for a fee of five dollars.

This course operates as a "loss leader". As we mentioned earlier, a class as small as one student will be taught. The course is repeated each week, as long as

<sup>58</sup>*Report of the Victoria Board of Inquiry into Scientology*, Government Printer, Melbourne, 1965, p. 87.

<sup>59</sup>*Ibid.*, p. 88.

<sup>60</sup>*Ibid.*, p. 144f.

one new student is ready to start. The content of the course is simply an appeal to the student to become concerned with his own self-improvement, and with the possibilities available to him through Scientology.

In the first course, a few simple Scientology concepts are explained. These tend to formalize commonsense knowledge. There is the "ARC triangle", which demonstrates in a technical manner the everyday experience of losing emotional rapport and communication with someone when we fail to perceive accurately who or what they are. There is the "SCS cycle" which makes a theory out of the fact that some people can never seem to finish the projects they start, while others are always trying to stop things from going on. "Policemen are strong on Stop."

The ease of comprehension and apparent applicability of the first concepts are attractive to those concerned with improving their abilities and achieving happiness. Scientology is compared with other practices, and it is suggested that a few *minutes* of Scientology processing can achieve as much as hours of psychotherapy.

The student who completes the "P.E." course is given a certificate and invited to register for the "Communications Course", at fifteen dollars for five evenings. This course is taught to as few as two students. It consists of a series of drills, called Training Routines (T.R.'s).

T.R. "O" consists of each pair of students sitting opposite each other on chairs, knees not quite touching. One student acts as "coach" for the other, who acts as a preclear learning to become an auditor; then the roles are reversed. The preclear is instructed to "confront" the coach, by looking directly at his (or her) face, but without staring. The "coach" is instructed to "flunk" the preclear for allowing his eyes to wander away, or for staring or blinking excessively, or for developing a tic or any other abnormality, such as tilting the head to one side.

The objective is to teach the would-be auditor how to "be there" with a preclear being audited, and corresponds to the training of a professional (such as a psychologist or social worker) in interviewing techniques.

The "Comm. course" is extremely effective in arousing the interest and participation of anyone interested in improving his ability to communicate with other people. The drills are simple enough to bring early achievement and a sense of accomplishment, but also complex enough to actually improve communication ability. Many professionals could probably benefit from such drills.

Since the inability to fully confront, encounter, and communicate with other persons is said by many social theorists (such as Erich Fromm, Martin Buber, David Reisman) to be one of the most prevalent problems of our day, it follows that a simple training routine in this skill is likely to prove attractive to many persons. Even the Board of Inquiry in Victoria, Australia, which recommended prohibition of Scientology, noted the great skills of Scientologists in communication.



The successful student is granted a certificate as an "Apprentice Scientologist" and invited to register for the next course, "Anatomy of the Mind", at fifty dollars for twenty evenings. This course is taught in twenty self-contained units, so that a new student can enter at any time, instead of having to wait until a course under way is completed.

The next stop up the Scientology gradient is the "Dianetic Auditor's Course", at \$500 for sixteen weeks (eighty evenings). In this course the preclear begins by auditing a fellow student (after a study of the theory involved) and must then bring in a new subject ("wog") for continued practice. (We have already noted that one of the terms of the Saint Hill contract is that the applicant supply his own preclear for auditing practice.)

By this time, the student-auditor has obviously made a considerable investment of time and funds in Scientology and has probably decided to go all the way to Grade 6. The Academies of Scientology can train the preclear up to and including Grade 4. He must then go to Saint Hill.

The range of fees involved in this training is indicated by a few sample prices. Five hours of auditing at Toronto cost \$150, while twenty-five hours cost \$650. At Saint Hill, fifty hours of "Power Processing" cost \$1,140. Fees are always payable in advance and under contract.

The Toronto HCO Director estimated that the number of hours involved would be six weeks of forty hours for each of the first four levels, including both study of theory and auditing experience. This is a total of 960 hours. Then the preclear goes to Saint Hill where he must *repeat* these levels to the satisfaction of the staff there, before proceeding on to Grade 6. In all, a total of about 2,500 hours would be typical. The student proceeds at his own speed, and may complete the training in a little less time or a great deal more.

At any time during this training the HCO side of the organization can step in to administer a "Review" test and, if not satisfied, can instruct the Academy side to require more training hours. This can be done also as a penalty for "infractions" of Scientology rules. The student must pay for all such hours imposed, of course. Since he is likely to be working on the staff part time to help pay his fees, his situation is quite complicated. He can give offence through acts as an employee, as well as through shortcomings as a student.

When the student auditor completes each level, he is certified as a qualified auditor at that level, and he is able to audit other preclears up to and including that level. When he has completed Grade 6, he is fully qualified to audit any other preclear. He is equipped also to audit himself through Grade 7 to clear. However, the route to clear is carefully guarded, and only those approved by Hubbard as loyal and worthy Scientologists are finally certified. The specific tests for determining that the individual is truly clear are a closely guarded secret.

## Experience

At the Toronto Scientology centre, one is deeply impressed by the conviction and radiance of the committed leaders. There is a quality of dynamic, powerful, serene charm in the character of the three clears who have been active in Toronto. Whatever may be said of the Scientology processes, those who survive them have some of the fanatical strength of religious conversion combined with great skill in manipulating other persons.

Some clearly have benefited from their experience with Scientology. At a gathering of preclears, an insurance salesman described how he has had to change his eyeglasses three times in the past several months, as his eyesight improved with auditing. His optometrist was now reading Hubbard, he reported. A young woman, a clear, has described how Scientology has made her life over, giving her a sense of "living in present time" which dissolves worry and enriches experience.

Against all this must be put the hard, cash-oriented attitude of Scientology academies, the almost sadistic delight in the difficulties of the S.P.'s, the intimidating letters when too many questions are asked. One must also add the experience of Melbourne preclears, whose misfortunes brought about prohibition of Scientology in Victoria.

In addition, the British Ministry of Health supplied the Committee with brief descriptions of a number of police reports from its own evidence on which it ultimately decided to take restrictive actions against Scientology (see p. 65). These cases included:

- 1) A schizophrenic young man receiving treatment in hospital after twenty-five hours' processing discharged himself and spent personal savings of over £500 on further processing, despite his parents' warning to the H.A.S.I. staff that he was schizophrenic. He eventually returned to hospital, but subsequent treatment was seriously hindered by the Scientologists' teaching about psychiatry.
- 2) An adolescent boy, subsequently discovered to have been suffering from latent schizophrenia, was introduced to Scientology. He left his job and home and went to Saint Hill, where he was later picked up penniless by the police. The boy's prognosis was said to be poor owing to his resistance to psychiatric treatment, encouraged by Scientology doctrine. More than a year later, he was found by police wandering semi-conscious in the streets of East Grinstead. He died shortly afterwards.
- 3) A French *au pair* girl employed by a leading member of the Scientologists was left by her employers at a police station in a very disturbed mental state and admitted to hospital with acute schizo-

phrenia. The psychiatrist in charge of her case had "little doubt that the attempt to indoctrinate the girl with the principles of Scientology played a large part in her breakdown".

- 4) A twenty-six year-old man, known to have a history of paranoid schizophrenia, was accepted for two courses at Saint Hill, and was declared to have reached the state of clear. He was later found naked running and marching down a road in East Grinstead shouting incoherently about Ron Hubbard. He was admitted to hospital.
- 5) The police were called to a house in East Grinstead where a young American Scientologist was threatening violence to all within his range; the elderly lady owning the house was terrified, and other Scientologists had fled. The young man said that Scientology courses made him feel bad, and that his mind was affected. His parents (also Scientologists) lived elsewhere in the town, and the police took the young man to them, whereupon he again became distressed and blamed them for his condition. He was eventually quietened, and the police advised his parents to seek psychiatric advice.

In Ontario experience of Scientology has remained at the personal level; it has not yet become a matter of concern to public authorities.

Scientology officially claims to have no concern for physical or mental healing. Nevertheless, physicians and psychiatrists are viewed as bitter enemies. The following bulletin indicates Hubbard's attitude:

Certain vested interests, mainly the American Medical Association, wish to do all possible harm to the Scientology movement over the world in order to protect their huge medical-psychiatric income and desired monopoly which runs into tens of billions annually. In their congresses they complain that we and people like us cost them 1.1 billion dollars a year that they don't receive. Their sole interest is income. Reference: Minutes of various AMA conferences. Almost all our bad publicity and attacks is authored by two men, one named Keaton, the AMA press man, and one named Field, their head of "investigation". These men flood bad tales about Scientology into press, magazines, radio, TV . . . .

The sole reasons for attack are money and monopoly . . . .

We have always had policies of leaving healing alone and not attacking medicine and other areas of psychiatry. Our pay for this is receiving continual bad press.

Medical doctors practising psychiatry are peculiarly vulnerable. Their physiological technology belongs to the 19th century. It has innumerable crimes on its hands. Hitler and Stalin held power through medical psychiatry. They associate themselves chiefly with the rich and powerful . . .

We are modern, 20th century. We are of the people. We hate Fascism and



brutality. We are the new replacing the old. We have passed the test of survival. Despite 13 years of attack we have survived. Therefore we must have something and we must be all right . . . .<sup>61</sup>

This bulletin is quoted at length to indicate the style and flavour of Hubbard's vitriolic attacks on organized medicine.

## Recognition

To date, no instance is known of favourable recognition of Scientology by any major institution of Western society. Hubbard has claimed recognition by "companies in South Africa", but the claim has never been substantiated. No medical association, church, voluntary organization or other social institution has recognized the merits of Scientology.

On the other side, several political jurisdictions have recognized Scientology as an undesirable agency. As reported earlier, the Food and Drug Administration of the United States has successfully prosecuted Scientology. The state of Victoria, Australia has banned it. Medical associations and the Cancer Society have warned against it.

The attitude of the British government to Hubbard's activities at the international headquarters of Scientology at Saint Hill, Sussex may be judged from a statement made by the Minister of Health on March 6, 1967, at the conclusion of a debate on Scientology:

What I have said will make clear my belief that Scientology is not merely ludicrous, which would not matter, but it is potentially harmful to its adherents . . . further inquiry is unnecessary to establish that the activities of this organization are potentially harmful. The Anderson Report in Victoria and the evidence put before me in this country make this quite clear. There remains the question whether the practice of Scientology should be prohibited.<sup>62</sup>

To this the Minister replied that at present it should not be prohibited, because this would require restrictive legislation affecting similar groups and altering the freedom of medical practice which has been preserved in Britain (see Appendix II). However, the Minister added:

What I have tried to do in this Debate is to alert the public to the facts about Scientology, to the potential dangers in which anyone considering taking it up may find himself and to the utter hollowness of the claims made for the cult.<sup>63</sup>

<sup>61</sup>HCO Policy letter, August 14, 1963, reprinted in *Report of the Victoria Board of Inquiry into Scientology*, *op. cit.*, p. 200.

<sup>62</sup>*Hansard*, U.K. Vol. 742, No. 158, Column 1216.

<sup>63</sup>*Ibid.*, Column 1228.

## Regulation

To date, the only comprehensive regulation of Scientology has been the Psychological Practices Act, 1965, of Victoria, by which it is prohibited.

In Great Britain in July 1968, the government decided to use its powers under the Aliens Order to restrict entry of foreign nationals proposing to study at Scientology's international headquarters in East Grinstead, Sussex. The following restrictions were announced:

- (a) The Hubbard College of Scientology, and all other scientology establishments, will no longer be accepted as educational establishments for the purposes of Home Office policy on the admission and subsequent control of foreign nationals;
- (b) Foreign nationals arriving at United Kingdom ports who intend to proceed to scientology establishments will no longer be eligible for admission as students;
- (c) Foreign nationals who are already in the United Kingdom, for example as visitors, will not be granted student status for the purpose of attending a scientology establishment;
- (d) Foreign nationals already in the United Kingdom for study at a scientology establishment will not be granted extensions of stay to continue these studies;
- (e) Work permits and employment vouchers will not be issued to foreign nationals (or Commonwealth citizens) for work at a scientology establishment;
- (f) Work permits already issued to foreign nationals for work at a scientology establishment will not be extended.<sup>64</sup>

No court cases involving Scientology auditing are known of to date. As we have indicated, press reports of Scientology have been generally unfriendly, as have statements by medical associations and similar organizations.

The internal regulatory mechanisms of Scientology affecting the practice of auditing, described already under "Organization", are carried out through the HCO side of the Scientology structure.

Hubbard's own attitude to any attempt by society to regulate or limit Scientology is clear enough:

Dianetics is the enemy of none and falls utterly outside all existing legislation . . . . Dianetics belongs to Man, and no profession or government must be allowed to withhold it.

Advocate total freedom . . . . We are alive today not because we fought but because we went on doing Scientology in spite of everything. So never advertise an attack. Just advocate more strongly "Total Freedom" . . . .

<sup>64</sup>House of Commons, Great Britain, Written Answer No. 1459, *op. cit.*

That's the answer no nation or person can stand up to, if we keep saying it long and loud. SCIENTOLOGY IS THE ROAD TO TOTAL FREEDOM.<sup>65</sup>

Hubbard has always maintained that no law can prevent one man from telling another his troubles—and that, he claims, is all that Scientology is really about.

## Evaluation

Objective experimental verification of Hubbard's physiological and psychological doctrines is lacking. To date, no regular scientific agency has established the validity of his theories of prenatal perception and engrams, or cellular memory, or Dianetic reverie, or the effects of Scientology auditing routines. Existing knowledge contradicts Hubbard's theory of recording of perceptions during periods of unconsciousness.

A psychology dissertation in New York University in 1953 tested the effect of Dianetic reverie on increase in I.Q. and mathematical ability, which Hubbard claimed. The usual controls and sampling techniques were used, and the tests found no noticeable influence as a result of the Dianetic auditing.<sup>66</sup>

Hubbard's claims to have found the only known cure for atomic radiation effects is not only unsubstantiated, but, in view of its obvious military value, hardly likely to have been left uninvestigated by military authorities if it was of any value whatever.

Hubbard's original thesis of the existence of engrams in a Reactive Mind was tested by three psychologists in 1960.<sup>67</sup> A passage from a physics text was read to a subject in an unconscious state induced by sodium pentathol. During a period of almost six months, Dianetic auditing was unable to recover the passage. Hubbard maintains that all conversation heard during periods of drugged unconsciousness is recorded (as, for example, during surgical operations).<sup>68</sup>

The extracts from Hubbard's instructions to auditors, as well as the Victoria demonstrations, make it clear beyond doubt that a command form of hypnosis is involved in Scientology auditing, whether intended or not. The particularly sadistic note of endless hours of repetition of extremely simple routines only adds to the potential damage to the mental health of those subjected to these routines. Preclears are never permitted to end auditing sessions on their own initiative.

On the other hand, as we have noted, those who survive Scientology's rigorous training manifest a most impressive self-assurance, poise and ability to com-

<sup>65</sup>*The Auditor*, No. 22, p. 1.

<sup>66</sup>R. B. Fisher, *Dianetic Theory: An Experimental Evaluation*, Dissertation abstracts, New York University, New York, 1954, p. 390.

<sup>67</sup>J. Fox, A. Davis, and A. Lebovits, "Experimental Investigation of Hubbard's Engram Hypothesis", *Psychological Abstracts*, No. 1475, 1960.

<sup>68</sup>L. Ron Hubbard, *Dianetics, the Modern Science of Mental Health*, *op. cit.*



municate effectively with others. They appear to appreciate the environment of Scientology groups, so much preferring it to the world of "wogs" that most remain on Scientology staff. This could be interpreted also as an effect of training in unfitting Scientology members for normal social relationships. The doctrine of Suppressive Persons, the special in-group terminology, and the dedication to "help Ron clear the planet" also disable Scientology graduates in normal social intercourse, even while Scientology claims to "make the able more able".

Evaluation of the credibility of Scientologists when making their claims and activities known to "outsiders" is left to the reader to assess. He may compare the description of auditing given by the Toronto HCO Director with that of the other sources, including Hubbard's manuals. He may also compare the insistence that Scientology is not in any way connected with the healing arts with the claims made in Scientology literature.

Evaluation of the right of Scientology to claim exemption as a "religion" may be made on the same criteria as those applied to Christian Science, with this distinction: Christian Science leaders have never cynically announced that it is better to be a religion than a healing practice. Christian Science took a religious form from its beginning; Scientology took on a religious form after it suffered severe setbacks as a "science of mental health".

## Chapter 5 Electropsychometry

The practice of “electropsychometry” is reported separately from that of hypnosis, despite the fact that it is a specialized application of hypnosis, because the “E-meter” is also a distinctive technology with other applications, especially in Scientology.

### Claims

Electropsychometry is the invention of Volney G. Mathison of California, recently deceased. Mathison, by his own account, was a “world traveller and philosopher”, who investigated the occult teaching and practices of many groups, and finally developed and published his own “scientific explanation” of the occult.<sup>1</sup> He was also a renowned hypnotist and claimed some skills in electronics, which he applied to the “invention” of the electropsychometer (called the E-meter hereafter).

Actually the E-meter is a modification of a well-known device, the “psychogalvanometer”, which has been in use in research psychology since the 1920's. The United States Food and Drug Administration has described Mathison's E-meter as simply “an electronic device used to register variation in ohmic resistance occurring between metal electrodes held in the hands”.<sup>2</sup>

The electrical conductivity of the human skin varies with the amount of salty perspiration present, and this in turn varies with the emotional state of the individual (as well as with the temperature, of course). A simple meter connected in circuit with an electrical current passed between two electrodes applied to the skin will measure the variations in conductivity due to emotional changes, provided that other factors such as temperature and immobility of the muscles are kept constant.

Thus it could be argued that changes in the meter reading “measure” changes in the subject's emotions. If a schedule of questions is asked of the subject and his “reaction” on the meter noted after each question, one can obtain some indication of the emotional effect of the question.

This is precisely what Mathison claimed for his E-meter, which he called “the x-ray of the human psyche”. He believed his E-meter offered “a new way to ascertain the subject's psychical personality profile with its defects, distortions,

<sup>1</sup>Volney G. Mathison, *Through Mighty Temple Doors*, privately published, 1960.

<sup>2</sup>*Food, Drug and Cosmetic Act Reports*, 7808, No. 49107, Washington, D.C., December 11, 1963.

emotional scars and self-defeating elements". Long months of psychoanalysis were now unnecessary, he believed. Guesswork and fruitless probing were eliminated. With the E-meter, an analyst requiring very little training could rapidly and accurately pinpoint traumatic areas of the patient's psyche.

A similar principle had been applied for several decades in the polygraph, or so-called "lie detector", which actually monitors *five* physiological indicators of emotional reaction. But Mathison made some innovations in the metering technique, including the use of vacuum tubes and highly calibrated "tone dials" which could be adjusted to allow for the overall changes in emotional tone or condition of the individual during the interview. He also developed a new form of electrode, with both poles on a single metal and plastic cone about the size and shape of a small frozen-orange-juice can. Patents for his innovations were applied for and granted about 1950.

The E-meter provides the analytic and diagnostic portion of Mathison's new therapeutic system. To implement the data obtained for treatment purposes, Mathison adapted another well-known technique: hypnosis by the use of tape-recordings.

Mathison himself analyzed the results of the E-meter interview, applying his self-taught knowledge of psychology, and then produced tape recordings which relaxed the subject and implanted appropriate healing suggestions. The patient was instructed to listen to a recording (of one hour in length) just prior to going to sleep at night, but not during sleep. Mathison believed this to be the time when hypnotically induced suggestion could most easily be got past the censor of the conscious to the subconscious.

His "Personalized Self-Hypno Tape" was designed to "reverse, eliminate, cancel the injurious effects of, or to release, free, dehypnotize, unshackle you from the distorting elements in your Self-Image — and to create, establish, maintain, sustain a modified Self-Image of serenity, ability, capability, activity, self-fulfilment".<sup>3</sup>

Mathison claimed that his method was a "new way to a capable, successful, serene self-fulfillment" and a substitute for "countless books . . . self-improvement courses . . . cultist systems . . . psychoanalysts . . . psychiatrists, at great expense, usually or often with no lasting results".<sup>4</sup>

The extent of Mathison's claims for the E-meter itself are indicated by the charge laid by the FDA when three E-meters were seized at Boerne, Texas (the post office rural location of Concept-Therapy — see comments further on, and in Chapter 6). The FDA charged that:

<sup>3</sup>Advertising folder issued by Mathison.

<sup>4</sup>*Ibid.*



When shipped, the labelling accompanying the article contained false and misleading representations that the article was adequate and effective in diagnosing the causes of nervousness, emotional upsets, functional disorders, chronic fatigues, insomnia, distress, depression, worry, fears, illnesses, and hypertension; locating areas of impingement and inflammation, and locating and diagnosing other sub-optimum physical conditions.<sup>5</sup>

Mathison did not claim to replace all existing medical care. Far from it. He believed his device to be a major technological breakthrough which would aid the medical practitioner in locating both physical and mental ailments, with less fear of error in diagnosis. He did claim that his device would largely eliminate the analytic work of psychoanalysis, leaving only the psychotherapeutic portion (which of course could be speeded by his Self-Hypno tapes).

Mathison also debunked all other occult forms of healing except Concept-Therapy, of which he strongly approved. He claimed that most occult healing, to the extent that it was effective, worked by the use of suggestion (this is openly admitted in Concept-Therapy). Since he had developed the use of suggestion to a "scientific" level, through his Self-Hypno tapes, he believed his techniques to be superior to those of Christian Science, Scientology and other groups.

## Technique and Practice

The only Ontario practitioner of electropsychometry is a regularly qualified naturopath and physiotherapist who also claims a "Ph.D." from the Universal College of Truth in Chicago, obtained by correspondence in the subject of Metaphysics. The college, which was never accredited, is now defunct.

The practitioner has incorporated his work in Ontario under the titles "Psycho-Dimensionals" and "Electropsychometry", and in his advertising literature he offers his services as the Ontario Psycho-Assessment and Psycho-Impress Laboratories. In addition to his other practices, he treats about three patients per week with E-meter and Self-Hypno tape techniques.

A telephone inquiry brings two pamphlets in the mail. One is headed "Are you distressed, frustrated, nervous or ailing?" and offers an opportunity to "re-create, modify and adjust" to a "serene, tranquil, capable, successful, self-fulfilling person".

While much of the language of both pamphlets is taken directly from Mathison's original material, they are careful to avoid the pitfall of the labelling charged as misleading by the FDA. Nowhere is physical healing directly offered, and one pamphlet states, "It is not intended to replace the services of physicians . . . nor is it intended for use in conditions of an incurable nature".

<sup>5</sup>*Food, Drug and Cosmetic Act Reports, op. cit.*

Therapy is offered for psychological and emotional distress, and for alcoholism. A third pamphlet, available at the office but not sent in the mail, states

Psycho-Dimensionals makes use of a scientific modality for the relief of tensions, worries, illnesses, based on psychical distress and nervous tensions . . . and for relief from the basic causes of many physical ailments.<sup>6</sup>

One of the mailed pamphlets promises that "the personalized tape will instruct you to send powerful healing bioelectric and psychical energies surging right into each and every fibre, tissue and cell of your entire physical body . . . and into each area of pain, distress and subnormality"; but it carefully avoids saying what the result will be, in so many words.

The following account of the practitioner's technique is based on the experience of a test case we observed. When the prospective patient arrived at the office, he was informed that the E-meter analysis fee was twenty-five dollars and the production of two one-hour tapes would cost sixty dollars. It is interesting to note that the Toronto practitioner calls these tapes "Self-de-hypno", in contrast to Mathison's "Self-Hypno". There is no difference in the tapes, however. The change of name and suggestion that the tapes "dehypnotize" may be due to the Ontario legislation controlling hypnosis. In actual fact, the tapes relax and *hypnotize*, using that word in its correct medical meaning of *increasing suggestibility*.

The patient lay down on the office couch, relaxed, and held the E-meter electrode in his right hand. The practitioner dimmed the lights and instructed the patient to imagine (if he was a driver) that he was holding the steering wheel of his car. (Grip on the electrode is important, since muscle tightness could produce sweat which would alter the readings. Of course, this was not explained to the patient.)

The practitioner then informed the patient that he would be progressively relaxed (a technique of hypnotic induction) but said, "This is not hypnosis, you will remain awake and conscious of everything that is going on." (This condition is true also of light trance hypnosis, as explained in Chapter 2.)

Beginning at the left foot, the practitioner named each part of the body and instructed, "Relax, relax, relax". He adjusted the "tone dials" of the E-meter until they showed no readings for the normal, relaxed condition of the patient. (At various times during the following two hours, when the patient moved, changed his grip, or showed fatigue, the practitioner again adjusted the tone knobs to allow for these changes.)

While progressively relaxing the patient, the practitioner noted any reading on the E-meter which would indicate a "traumatic" area in the body. In the case observed, the results were surprisingly accurate. Four, and only four, areas of injury were named by the practitioner, and all proved correct (injured left

<sup>6</sup>"A new way", pamphlet by Psycho-Dimensionals.

knee, about four years previously; slipped disc in lower spine, which patient had suffered about three years previously; left eye, which was suffering strain; left lung, which was not currently distressed but had suffered injury in youth and still caused pain during fast running. Both knee and disc still caused occasional distress). In naming and verifying these locations with the patient, the practitioner explained that if desired, suggestions to direct "healing energies" to these areas could be included in the Self-de-hypno tapes.

Following the body relaxation the patient was instructed to imagine himself floating lightly and softly, floating . . . f-l-o-a-t-i-n-g . . . in exactly the same manner as would be used in suggestive techniques of hypnosis induction (see p. 22). The patient remained awake and conscious.

There followed two hours of probing and often very personal questions, using a schedule prepared by Mathison. The questions requested recollection of numerous childhood events, then painful adolescent experiences.

The practitioner took notes of the responses. During several of the lulls while the practitioner was writing, the patient deliberately focused his mind on painful experiences from the past. Each time, the E-meter needle moved enough to cause the attention of the practitioner to be attracted, for he pursued these readings, inquiring about the thoughts of the patient at the moment. On several occasions in which the patient gave false information, the practitioner again inquired further, claiming that the E-meter showed a reading.

On the other hand, despite two hours of questions touching on quite intimate experiences, the patient succeeded in completely misleading the practitioner in several vital areas, and in withholding information concerning these experiences which would have been absolutely essential to any useful psychotherapy on the patient.

On completion of the question schedule, the practitioner used a typical "wake-up" technique, explaining that "just in case you have slipped into hypnosis, I want you to wake up on the count of ten, feeling refreshed and relaxed".

The practitioner then proposed to prepare two one-hour tapes of suggestive therapy based on information from the two-hour E-meter analysis. These would be ready in a few days. The patient was to listen to one side of the tape each night (alternating the two one-hour sides) before going to sleep.

Portions of a sample tape were played to demonstrate the technique. It began with the same progressive relaxation technique as used in the E-meter analysis, and then followed the pattern suggested by Mathison.<sup>7</sup> The practitioner had an excellent recording voice and technique.<sup>8</sup> Although labelled "de-hypno" there is no doubt that the tapes were designed to induce suggestion, by whatever name.

<sup>7</sup>Volney G. Mathison, *op. cit.*, p. 266.

<sup>8</sup>Production of an effective hypnosis-inducing tape recording is not a simple matter, since the pattern must flow smoothly and without hesitation. Corrections and breaks must be avoided, since these may be noticeable and distracting.



## **Training**

The Toronto practitioner's training has already been noted. He emphasized that a knowledge of metaphysics was essential to understand electropsychometry. He admitted having no formal training in psychology or psychotherapy but had "read a great deal". He considered that his qualifications as a naturopath enabled him to recognize the limitations of electropsychometric practice, beyond which he should refer a patient to a physician or psychiatrist. (Obviously this safeguard would not be true of an electropsychometrist who had no other qualifications.)

## **Experience**

Mathison's literature features a number of testimonials, including photographs showing remarkable improvement in a variety of ailments (one of which is a form of "psychosomatic" paralysis). He emphasizes the usefulness of the E-meter and tapes in psychosomatic treatment, and in eliminating psychotherapy and psychoanalysis. The Toronto practitioner stated that if psychiatrists used the E-meter, they could cut office hours and treatment drastically. No testimonials are published by the Toronto practitioner, and no successfully treated patients were interviewed.

The value of the suggestive therapy involved would depend on the quality of the tape-recorded suggestions. Certainly the use of tape recording in hypnosis is an accepted and proven technique, though it has substantial limitations (noted below).

## **Recognition**

No official recognition of electropsychometry by any agency or social institution is known to exist. Of course, physiological monitoring of emotional reactions is a well-established technique in psychology.

## **Regulation**

There is no internal organizational regulation. No complaints concerning the Toronto practitioner were on record with any of the usual agencies (see Appendix I, Methodology). The practitioner claimed that if his work was considered as coming within the scope of the Hypnosis Act, he was qualified under the Regulations, in any event, having been in practice for five years prior to 1961 with an average annual income of over \$2,500.

## **Evaluation**

The psychogalvanometric principle, even when used in conjunction with four other physiological monitors, as in the so-called "lie detector", is far short of a foolproof technique for measuring emotional reactions. The E-meter can in no way be regarded as an "x-ray of the human psyche", according to technical examination of the device by the FDA.

The shortcomings of the lie detector principle have been amply demonstrated.

The greatest value of these devices is in their manipulation by the operator. "Even if a test is negative, the examiner can still pretend to believe it is positive, to help win a confession," Clarence D. Lee notes.<sup>9</sup> On the other hand, a clever subject can baffle the most sensitive machine and most competent operator. Lee cites the example of a subject who was able to watch a young woman sun-bathing in the nude, while being examined on a "lie detector".

Just as the lie detector assumes that the individual has been appropriately conditioned by the social culture to show an emotional reaction when lying (a fact which is not true of all cultures, or of "psychopaths" in our culture), so the E-meter assumes that the psychotherapeutically valuable and useful data in the patient's mind will be manifested in physiological reactions. Certainly, the machine will be no better than its operator. If he is untrained in psychological examination techniques, any number of readings will be of little use. But Mathison's intention was to eliminate the necessity for a trained, clinically experienced operator. The examining process was to be reduced to an infallible, automatic monitoring of the "x-ray" device.

Scientology continues to regard the E-meter as infallible. In cases of "infractions" and "reviews", tests on the E-meter are regarded as sufficient evidence by HCO "Ethics" officials, and preclears must agree by contract to submit to such tests.

Both Mathison and Hubbard assume that when a patient (preclear) comes for treatment (auditing), he is cooperating willingly with the operator; and the problem of "withholds", which might undermine use of the lie detector with criminals, is therefore not encountered.

Certainly it would appear that the E-meter is reliable in indicating when the subject is withholding traumatic data. But it reacts also to other in-session emotional conditions of the patient (preclear), such as anxiety generated by the interview itself (especially if, as in Scientology, the same question is repeated several hundred times).

Thus, precisely at the point where the most embarrassing, difficult-to-disclose information is sought from the patient, the E-meter analysis is liable to fail. The meter will show that useful data is available but will in no way enable the operator to obtain the data. Only the slowly developed personal rapport of therapist and patient, involving trust and "transference", will persuade the patient to disclose this information—information which is essential for treatment. As already noted in the case of the Toronto electropsychometrist, the patient's withholding of such data would have made the effectiveness of the suggestive therapy to follow very dubious.

<sup>9</sup>"Instrumental Detection of Deception", Clarence D. Lee, cited by, Sargent; *Battle for the Mind*, page 171, report of an International Symposium on Communism, Pretoria, South Africa, 1966.

## Chapter 6 Concept-Therapy

Concept-Therapy is a secular system of healing incorporating self-hypnosis and a variety of scientific doctrines (similar in many ways to those of Scientology and electropsychometry). Concept-Therapy does not train its own specializing practitioners as do Christian Science, Scientology and most other occult healing groups. Instead, it teaches its healing doctrines and techniques to existing practitioners. To date, Concept-Therapy has not been received favourably by many physicians, psychologists or dentists. A growing number of chiropractors have enrolled, however — probably because Concept-Therapy is the invention of a chiropractor, Dr. Thurman Fleet of San Antonio, Texas. Dr. Fleet has been teaching Concept-Therapy since 1931. He is not a physician.

### Claims

Concept-Therapy recognizes the value of orthodox medical practice, but argues that only 20 per cent of all human ailments need to be treated by surgery, drugs and other means. The remaining 80 per cent are psychosomatic and are more successfully treated by the application of Concept-Therapy techniques. He suggests that many physicians are using at least some Concept-Therapy techniques without knowing it, but a thorough training in Concept-Therapy would enormously increase their effectiveness in healing.

No doctor has adequately been taught this subject before. Functional disease has baffled them all. The time has come when we can “spring the truth” upon the Doctors, especially the Chiropractors . . . . This is absolutely the greatest discovery ever made . . . .<sup>1</sup>

### History

Severely injured in the First World War, Thurman Fleet retired to his Texas home to await death. He was given up by medical men, he reports. But he turned to a local chiropractor and was healed. Deeply impressed, Fleet enrolled in the Texas Chiropractic College.

Fleet recalls that in his practice he noticed that some patients failed to recover no matter what treatment was used. He began to buy large collections of surplus books from the army and elsewhere, poring over them to discover the secret of successful healing.

One day, in 1931, Fleet's family found that he had gone into what he later called an “illumination”. He fasted for seven days. “I’ve tuned in on the secret

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<sup>1</sup>Dr. Thurman Fleet, *The Cause of Disease*, Concept-Therapy pamphlet.



of all healing," he exclaimed to his family, and moved rhythmically about the house to the tune of ethereal music unheard by anyone else. (This ritual is still part of Concept-Therapy. See p. 98.) Fleet wrote the ideas which came to him in a strange language neither he nor anyone else could recall having seen before. Later these writings were shown to a professor of ancient languages, who identified them as Sanskrit. At least, that is the report of Concept-Therapy's publicist, William Wolff.<sup>2</sup>

Fleet attempted to give his secrets to the medical profession but was rejected. Even the chiropractic colleges turned him down. (Today one American college includes a C-T course.) Fleet quietly applied his discoveries to his own chiropractic practice and taught any who would listen.

Fleet made little progress with his missionary efforts until after the Second World War. In 1949 he bought a ranch at Boerne (near San Antonio), Texas, and established the Concept-Therapy Institute as an incorporated non-profit educational organization.

Dr. Fleet was joined at the Institute by Rev. E. L. Crump, a Methodist minister who had established a reputation for faith healing and who was also a successful hypnotist. Crump became Dean of the Institute.

Teams of two instructors were sent out to various cities to conduct weekend classes in Concept-Therapy, and local clubs were established with the class graduates as members.

The 318-acre ranch became an international headquarters, with residential buildings, offices, classrooms, restaurant, and a cluster of small homes where retired Concept-Therapists could come to live as a community. Other members were encouraged to visit the ranch for a summer vacation.

## Organization

The Concept-Therapy Institute is under the personal direction and control of Thurman Fleet, who lives at the ranch. He is responsible for all doctrinal material, and personally edits the C-T periodical, *The Beamer*. An editorial note in each issue frankly explains that submitted material will be altered as necessary to conform to C-T principles.

Graduates of Concept-Therapy classes are called "Beamers". They are "on the beam" of consciousness running through all of reality. The club symbol is an airplane (on a radar beam) and all club offices are named after positions in the air crew. Thus, there is a Captain rather than a President, a Navigator, Gunner, and so on.

<sup>2</sup>William Wolff, *Psychic Self-Improvement for the Millions, the Story of Concept-Therapy*, Sherbourne Press, Inc., Los Angeles, 1966.

Members of local Beamer clubs have no voice or vote in the policy or administration of the Institute, and the government of local activities is closely restricted to C-T principles. Local clubs meet weekly on the average, and are open only to C-T graduates. Meetings may include plans for a forthcoming weekend course (with visiting instructors from the Institute), rituals of a simple nature to reinforce the healing power of Concept-Therapy techniques, and sometimes a ritual called SLUMP (Spirits Live Upon Many Planes). In this ritual, members move about to music (actually heard) as Fleet did in his "illumination".

There are said to be about 250 clubs, but many are very weakly organized. Executives of the Toronto club complain repeatedly about the lack of participation and lack of willingness to assume responsibilities among the Beamers.

Photographs of Concept-Therapy weekend classes are published in *The Beamer*. The March-May 1967 issue shows seventeen classes held during the previous months, with a total of more than 500 students.

Class fees are \$100 per student. There are expenses for hotel accommodation of the instructors, a meeting room, travel expenses, and so on. But since the average class size is about thirty students, a gross of \$3,000 per class, it would appear that instructors of the Institute are prospering. As a statement in the same issue of *The Beamer* admits apologetically, "Some of the instructors are earning a good livelihood, but they are not teaching primarily for monetary gain."

Although Concept-Therapy has been in existence for several decades, it has failed to make any significant growth. The Institute itself seems to be at a point of organizational and financial crisis, and its efforts to obtain income tax exemption from the United States federal government have so far been unsuccessful.<sup>3</sup>

## Membership Characteristics

Dr. Fleet has found the greatest response to his doctrines among chiropractors, and among middle-class white-collar workers and their wives, of the same age range as Christian Science (over thirty-five). As in Christian Science, the typical educational qualification is some high school, but not university, training.

Although offered as "psychic self-improvement for the millions", Concept-Therapy is not of great interest to working-class men and women. Its doctrines are sufficiently complex to require an agile mind and an interest in the psychological. The \$100 fee per class (the course consists of six classes) also would prove unattractive to working people. On the other hand, anyone with a smattering of undergraduate psychology or similar university training would recognize that the "secrets" of Concept-Therapy are available at any public library. The hard-sell commercial attitude of Concept-Therapy, that it has "secrets for sale", may appeal to the white-

<sup>3</sup>*The Beamer*, March-May 1967.

collar worker or small businessman who is accustomed to evaluating many things in terms of their price, but would be repellent to the more worldly-wise upper-class individual:

What is it worth for you to learn how to better defend against thoughts which may cause cancer, ulcers, severe tooth ailments, appendicitis and the like? Could you put a price tag on the ability to instill an idea in your child, spouse, parents, relatives and friends that would call forth a dynamic power able to sweep away pain, and premature bodily disintegration?<sup>4</sup>

In short, Concept-Therapy appeals to the same group of North Americans as do positive thinking and self-improvement courses. Instead of a night-school class, the Concept-Therapist attends an Institute course. Instead of art, pottery or hat-making, she studies healing techniques. But the underlying motivation—to escape the frustrations of social immobility, declining status as age creeps on, and insecurity as the children grow up—sends the housewife to Concept-Therapy who might otherwise (or also) take an evening class at the local school. Frequently she takes her husband along too.

This characterization is not true of the chiropractors in Concept-Therapy, of course. The approach used by the Institute with chiropractors is quite specialized and offers more satisfaction in their work and, particularly, financial success.

Concept-Therapy attracts persons interested in health and healing, who reject the “religious” format of most other occult healing groups (Christian Science, Scientology, Spiritualism, Unity, Ontology, and so on). Concept-Therapists join a club, not a church. Although women slightly predominate, the imbalance is probably not significant, and at the leadership level, men strongly predominate.

## Training

Since there are no specialized practitioners, the practice of Concept-Therapy cannot be separated from the training. Fleet believes that because so many North Americans have deep faith in medical practitioners, the greatest good can be achieved by training existing practitioners in Concept-Therapy. The training of ordinary members of the public is of only secondary importance. However, each trained individual can be of help by broadcasting healthful concepts or vibrations and by avoiding the rebroadcasting of destructive vibrations received.

Concept-Therapy training is offered in seven different courses. The basic training, called Concept-Therapy, qualifies the graduate for admission to a Beamer club. Then there are five Conceptology courses. Each consists of elaboration of a specific area of the initial C-T course. Finally, there is a separate course, Suggestive Therapy, which is Concept-Therapy designed for use by chiropractors. Dr. Fleet ultimately plans two further Conceptology courses.

<sup>4</sup>William Wolff, *op. cit.*, p. 23.



Each course is a twenty-three-hour weekend course, beginning Friday evening and ending late Sunday evening. The fee for each course is the same: \$100. Thus, a completely trained Concept-Therapist must attend six courses (the C-T or Suggestive Therapy class plus the five Conceptology classes), at a total cost of \$600.

Some weekend classes are organized and recruited for by Beamer clubs; others are organized by direct mail (especially to chiropractors) from the Institute. The mail advertisement offers to teach the "doctor" how to "get in tune with your patient . . . how to make a complete analysis of his condition, how to estimate the period of treatment, how to obtain a just fee for your services".<sup>5</sup>

The advertisement describes Suggestive Therapy as "a course (in the) method of healing *psychosomatic disorders*, which constitute 80 per cent of the Doctor's practice".

The names of more than 400 chiropractors are listed as satisfied graduates of Concept-Therapy training. Many have completed all six courses (known as Phases). The list includes fourteen chiropractors currently practising in Ontario, three of them in Toronto.

When a C-T course is projected for a given weekend, the two assigned instructors arrive a few days in advance and deliver a free lecture to which local Beamers invite potential students. A recent free lecture in Toronto, at a downtown hotel, was attended by twenty-three men and thirty-six women, all over thirty years of age and most over forty.

The free lecture makes frequent reference to the "secrets" which will be disclosed during the forthcoming weekend course. A brief outline of Concept-Therapy doctrine is presented in an enthusiastic, salesman-like manner, and each instructor makes approving remarks concerning the sacrifices which the other, and Dr. Fleet himself, have made to promote Concept-Therapy. It is explained that when Dr. Fleet began his work he tried to make Concept-Therapy available at no fee, but no one appreciated this. He then charged \$250, and found more students registering. However, in recent years the price has been reduced to \$100. Satisfaction is fully guaranteed or the fee is refunded unconditionally, the instructors explain. (At the Toronto meeting, to emphasize this, the Beamers in the room were asked to rise to their feet if they agreed that everything which had been said was true. About half of the meeting promptly rose.)

The suggestion that Concept-Therapy has "secrets" to disclose is encountered again and again. "We can't give our secrets away for nothing," an instructor explained. "We have our expenses."

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<sup>5</sup>Advertising material for Suggestive Therapy.

Even if students have completed all courses, the lure is still held out that there are more secrets still untold. Fleet plans Phases Six and Seven, not yet available. An issue of the Institute periodical, *The Beamer*, advises its readers:

There are many Doctors in our group who, having taken all the lower courses, might feel that they have learned all they can from our work, but this is an erroneous assumption. We have never taught the *final word* of functional disease. We have not taught it before for the simple reason we felt our students were not ready for the *whole truth*. We wanted them to take part truth, experiment with it for awhile, so that this experience would better qualify them to accept the *whole truth* as to the cause and cure of functional disease. Therefore we urge all who have taken the Suggestive Therapy course to review in Chicago or New York.<sup>6</sup>

Yet, when the course texts supplied by the Concept-Therapy Institute were examined, no material was found which could in any way be labelled "secret" in the sense that it was not familiar to any well-read university graduate. Aside from the special terminology of "Innates", "Souls", "Composite Personality", and so on, the phenomena described are well known in psychology, psychoanalysis, metaphysics and the natural sciences. Moreover, data from these sciences are often lifted out of context and used to prove a point in a manner which suggests a layman's approach, rather than that of a professional in the sciences concerned. Dr. Fleet has never claimed competence in any natural science, of course, and none of his material is supported by experimental research of his own.

If there is a "secret" of Concept-Therapy, it is hypnosis. Although it has been disguised as the "Composite Personality", instruction in the technique of induction of suggestion is the core of C-T practice. In the introductory course, it is demonstrated and explained in a general way; *Phase One* is devoted entirely to hypnosis. The Institute explains that "Phase One gives practical experience in contacting, releasing and directing the power that rules the universe . . . . This course, in showing how the mind works, deals with hypnosis from all viewpoints and shows its relation to all other mental and psychic phenomena".<sup>7</sup>

*Phase Two* of Concept-Therapy is a weekend presentation of the principles of psychoanalysis. Techniques such as word association are taught; students who have taken the course found it an excellent popularized introduction to psychoanalysis. Its value may be gauged by remembering that the course covers in only twenty-three hours the theory and practice which ordinarily require several academic years to master.

Higher Phases of "Conceptology" deal with Fleet's metaphysical system — the Laws, history of philosophy, and personal self-development.

The use of hypnosis was not an original part of Fleet's illumination, and

<sup>6</sup>*The Beamer*, March-May 1967, p. 8.

<sup>7</sup>Advertising material of the Institute.

apparently Fleet for at least a decade taught Concept-Therapy using only a combination of chiropractic and metaphysical doctrine and technique. When he introduced hypnosis many members left:

When Dr. Fleet introduced comprehensive hypnosis instruction to emphasize the Principle of the Composite Personality and the Law of Gender, half of the entire Concept-Therapy organization severed all ties with the Institute.<sup>8</sup>

Fleet himself has justified the innovation, which may coincide with Rev. E. L. Crump's association with the Institute (Crump is a hypnotist):

We thoroughly instruct our students in hypnosis so that they can become aware of how an idea detrimental in nature, can be transmitted from one to another, and exert its destructive force within the body. The student is given a method by which he can insulate himself, so to speak, from persons or from his environment. Our students become familiar with all details of how to penetrate, contact and direct the power which lies within each person's subconscious depths.<sup>9</sup>

## Experience

Two of the Toronto chiropractors who had completed all six courses were interviewed, and both showed conviction in and enthusiasm about Concept-Therapy. They had found it useful in their practice. Both had purchased other practical aids supplied by Dr. Fleet, including an ingenious steel and rubber model of the human spine. Slipped discs and their effect on nerves can be readily demonstrated. These chiropractors also use printed forms of positive suggestions which are supplied by Fleet in several pads for use with various disorders.

A Toronto expert in hypnosis who attended the Phase One class reported that it presented an excellent general explanation and demonstration of hypnosis.

While testimonials of the usefulness of Concept-Therapy are occasionally published by the Institute (and reported by Wolff in his book), and are also made verbally at Beamer meetings, no objective scientific validation of the benefits of Concept-Therapy has been made.

## Recognition

There is no known recognition of Concept-Therapy in doctrine or practice by any public or social agency or by any institution other than the Texas Chiropractic College, where Fleet himself was a student and which now includes Concept-Therapy in its instruction. The Institute is clearly desirous of further recognition, as indicated by its eagerness to supply us with any information or materials we requested concerning its courses.

<sup>8</sup>William Wolff, *op. cit.*, p. 56.

<sup>9</sup>*Ibid.*, p. 99.



## Regulation

Since Concept-Therapy does not have its own specializing practitioners, the problem of internal discipline of practice does not arise. The activities of the organization do not appear to have come to the attention of social agencies, the courts or government, in the context of regulation of practice. This is perhaps surprising; for Concept-Therapy depends heavily on techniques of hypnosis, and these are regulated in Ontario and in many other jurisdictions by restrictive legislation. The Institute appears to have successfully ignored such regulations to date.

The American Medical Association has recorded press criticism of local C-T classes as "fraud" but has not itself gone on record against Concept-Therapy. Of course, the general policy of the AMA concerning chiropractic would largely apply to Concept-Therapy, as would its policy on restricting the practice of hypnosis.

## Evaluation

Concept-Therapy basically involves the use of suggestion or hypnosis. Self-hypnosis is Fleet's solution to the problem of unhealthy "vibration" in the environment, which in turn can be interpreted as "destructive suggestion". "Suggestion is another name for resonance," Fleet explains.

Concept-Therapy reflects the modern medical emphasis on the wholeness of the patient and the necessity for an overall approach in treatment. The homeostatic concept and Hans Selye's "stress" (which is specifically cited by Fleet) are reflected in Fleet's doctrine of vibration:

Vibratory control gives us a means for the restoration of human equilibrium or health, through the medium of the resonant electric waves of the brain cells.<sup>10</sup>

Concept-Therapy's hard-sell commercial approach and its inducement of individuals to learn its "secrets" cast serious doubt on the sincerity of the Institute. The hesitation of the U.S. federal government to grant recognition as a non-profit educational organization tends to confirm this. There was a distinct element of the old "medicine show" in the instructors' "pitch" to the Toronto audience, which left serious doubts about the professional dedication of the Institute. Moreover, the "explanation" that the whole secret has not been disclosed heretofore because the world was not "ready for it" (cited page 101) has the hollow ring of calculating rationalization.

Dr. Fleet apparently has been content to use his own layman's understanding to draw on the theories of natural and social science in support of his own teachings. His Institute has never conducted its own research or employed the services of professional scientists to put his theories to the test. Thus, while his system is outside the usual definition of religion, it is certainly "occult".

<sup>10</sup>Thurman Fleet, *Special Concept-Therapy Text*, Concept-Therapy Institute, San Antonio, Texas, 1956, p. 43.

## Chapter 7 Spiritualist Healing

Spiritualist healing is distinguished from other forms of religious and occult healing by the belief that the operative agency involved is a spirit or bands of spirits of former living persons. In particular, the spirits of great physicians of the past are believed to act through the medium of a spiritualist healer.

### Claims

The claims of healing made by individual spiritualist healers on behalf of the spirit doctors who guide them include all forms of human disease and distress. While these claims are made for the spirit, not the healer, there is an inevitable tendency to connect the two, so that both members and the general public may credit the healer with various "cures". Since we are not concerned with establishing the existence or non-existence of actual spirits, the claims for spiritual healing must be considered as those of the (human) healers involved.

It is not customary for spiritualist healers in Canada to publish claims or testimonials. In fact, Canadian spiritualists are generally very modest about their achievements. This is not the case elsewhere, especially in Britain, the country in which spiritualism has the greatest following.

Some Ontario churches distribute spiritualist literature published in England, which contains claims and testimonials. Some American literature also is distributed, in which healers openly advertise their skills and request "reasonable love donations". Only two Ontario spiritualists are known to advertise in these publications, and neither advertise claims, testimonials or requests for "donations".

Spiritualist healers emphasize that they do not in any way rival medical practice. They regard their work as supplementary to medicine and as a "last resort". There is no spiritualist opposition, in doctrine or practice, to medical treatment. In fact, the most successful spiritualist healers claim to have former great physicians as "spirit guides".

Spiritualists also do not make any competitive claims against other occult healing groups. Dissension does exist within the spiritualist movement itself, however, concerning correct healing techniques.

### Doctrine

Spiritualist healing is based on the following beliefs:

- 1) Continuity after death of the personal and selfconscious characteristics of the human individual in a disembodied form — the spirit.

- 2) Contact and communication between at least a certain number of these spirits and sensitive human beings (mediums).
- 3) Concern on the part of at least some spirits for the health and welfare of living mortals. These spirits are called "guides".
- 4) Ability of the guides to continue to learn new medical and healing techniques after death, and to learn the accumulated medical wisdom of the ages.
- 5) Existence of a spiritual body surrounding the physical body of the mortal—the aura and the ectoplasm—both of which exist in a spiritual environment of "astral energy" or "on the astral plane" (another dimension, a kind of "ether").
- 6) Extraordinary powers of perception in the spirit world which enable the guides to diagnose and prescribe through the medium of the healer.
- 7) Control of astral energy, or ability to operate on the ectoplasm, available to the spirit guide to implement his extraordinary insights in therapeutic techniques.

Spiritualism does not deny the physical universe; it simply postulates a coexisting universe of spirit. It is not necessarily "Christian" (atheists also may believe in immortality).

Beyond these basic beliefs, there exists considerable variation in the doctrines of individual spiritualists about how their healing works and what are the correct techniques. This is a result of the historical development and present lack of organizational structure in spiritualism.

In recent years, however, a concerted effort has been made by British spiritualists to organize the healing movement, to codify healing doctrine, and to standardize healing techniques. The National Federation of Spiritual Healers (NFSH) has been the vehicle for this process and Harry Edwards, the most famous of living spiritualist healers, has been the main author and spokesman. Because Edwards assigns only a relatively minor role to God's action in his healing doctrine, his concepts generally have not been welcomed by specifically *Christian* spiritualists.

We must therefore describe two main trends: that of Christian spiritualist healing, and that of the NFSH and its Canadian Section.

The doctrine of Christian spiritualism incorporates the basic beliefs set out above but emphasizes that spiritualist healing is simply the application of Jesus' healing powers. Jesus Christ is accepted as Saviour and Lord, and the "communion of saints" is the spirit world. Messages from spirits tend to replace sermons. The healing power which comes through the spirit guides is the healing power of God. The more orthodox denominations are viewed as having lost sight



of the important promises of immortality in the New Testament, and spiritual experience is regarded as proof of the reality of God and the Resurrection. Christian spiritualism differs from the fundamental Christian sects in refusing to cast out demons or to be concerned about the possible existence of Satan. Emphasis is on the eternal possibility of salvation rather than on damnation for the sins of this life.

The joint spiritualist brief presented to the Committee was from those spiritualist groups in Ontario which are not specifically Christian. (This was clearly established in the hearing itself.)<sup>1</sup> Non-Christian spiritualists (as we will hereafter refer to them) may or may not affirm a Supreme Being, but do not accept Jesus as "Lord and Saviour". They tend to emphasize the universality of spiritualism, embracing Buddhism, Hinduism, and other faiths.

The physiological doctrine of spiritualism (contained in basic beliefs 5 and 7, p. 105) is elaborated by Edwards: the spirit doctors, with a knowledge of physiology, chemistry and other subjects, "are able to create chemical changes through the application of (spiritual) energy . . . . The spirit intelligence performs an exact process, influencing only diseased cells or structures, without disturbing the healthy ones."<sup>2</sup> The doctrine of spirit guides is taken to its logical conclusion: any spirit guide is limited to healing only those disorders within his own competence. It is therefore preferable for a healer to have the aid of several guides.

The spirit doctors make the correct diagnosis and apply the required healing energies. These vary with the disorder. The human healer does not need to diagnose or prescribe; he is merely the channel or medium for the spirit guide. But it is a short step from the doctrine of specializing guides to specializing healers. Individual healers have built reputations for being "good with sore legs" or "good for headaches". From this, it is again but a short step to the concept that the specific treatment given should vary with the disorder. The healing technique for headaches should concentrate on the head, it seems. Many spiritualist healers have taken these steps individually, and Edwards has now given them the reputational weight of his approval.

The overall impact of Edward's personal efforts (backed by the NFSH) to standardize spiritualist healing has been to push the techniques used in the direction of chiropractic. Since chiropractic itself has not enjoyed the popular success in England it has received in North America, an area of healing technique remains open into which spiritualism is moving. Britain's unrestrictive legislation related to medical practice makes this possible. Recent developments in British spiritualist healing do not apply readily to Canada, however, since our medical

<sup>1</sup>Transcript of Hearings of the Committee on the Healing Arts, p. 2677.

<sup>2</sup>NFSH correspondence course, Paper No. 2.

legislation is more restrictive, and since chiropractic is more widespread. The result has been some confusion and dissension among Canadian spiritualists, who must operate under Canadian conditions but who continue to look to the British movement for guidance and leadership.

Evidence of these unsettling developments in Ontario was the dissension which emerged among the various spiritualist healers at the hearing of the Committee on the Healing Arts, and the request of one group for a second hearing by itself.

In his efforts to develop a "science" of spiritualist healing, Edwards has urged that several of the more "occult" aspects of the healing technique be discarded. For example, he doubts the value of the healer going into a "trance" in which he (or more often she) is possessed by the spirit guide. Edwards suggests that the trance has a psychological function. It enables an apprentice healer to overcome personal timidity, by abdicating responsibility to the spirit guide. The healer, however, should admit that he remains fully conscious of what goes on:

While he may not be fully responsible for all that happens he registers everything that goes on. He hears the (spirit) guide speak through him, he hears the voice of the patient . . . he knows how his hands and body are being used.<sup>3</sup>

Edwards disapproves also of "passes", "flicking of wrists", "taking on the patient's condition" (a process whereby the healer "experiences" the patient's pain), and he even suggests that washing the hands as a ritual practice is of little value. (Originally, it was believed that moist, warm hands were better conductors of spiritual energy than cold, dry ones.) Edwards suggests that those forming the "healing circle" around the "executive healer" should not extend their hands elaborately, or make motions suggesting the directing of astral energies, or speak of "giving power".

While these reforms, promoted by the National Federation of Spiritual Healers, would tend to reduce the "occult" content of spiritualist healing, others would bring it closer to medical practice. For example, the traditional spiritualist healer had no need to make a diagnosis or to vary the treatment with the apparent condition. All this took place entirely at the astral level. Edwards suggests that the healer, like a nurse assisting a physician, needs to understand anatomy and diagnosis. Understanding the spirit's diagnosis is "helpful", he suggests, because the healer can then confirm the diagnosis with the patient and so be assured that effective healing is taking place. Confirmation can be achieved either by waiting until the spirit intuitively puts the diagnosis into the healer's mind, at which time the healer asks the patient if the trouble is such-and-such; or by observing a "strong heat" caused by the flow of spiritual energy when the healer's hand comes near the troubled part of the patient's body.

<sup>3</sup>Harry Edwards, *The Hands of a Healer*, The Healer Publishing Co., London, 1959, p. 8

In England, the NFSH influence has promoted the establishment of spiritualist healing clinics (called sanctuaries), the wearing of white coats (giving a medical appearance), the maintenance of case histories on file cards, and so on.

The extent to which the pseudo-scientific doctrines of the NFSH have penetrated Ontario spiritualism was indicated by the various, often conflicting descriptions of healing given the Committee at the joint spiritualist hearing.<sup>4</sup>

I can feel this something in my hands and if a person has internal trouble, way down deep in, I can feel these hands leave my hands and go right inside and come back out again . . . I can say to a patient, shall I say, "What do you feel?" "Oh, I can feel your hands go right down in through me."<sup>5</sup>

A different force would be used by the spirit operating, if you like to use that term, to disperse a growth than to alleviate . . . arthritis . . .<sup>6</sup>

If I couldn't tell you that you had a pain in the stomach I wouldn't consider myself a spiritual healer.<sup>7</sup>

The concern with a "respectable image" for spiritualist healing, typical of the NFSH, led to the request that the Committee help to eliminate "unfit people who are practising spiritual healing".<sup>8</sup>

## History

Belief in an immortal human spirit is considered by most anthropologists to be the original basis of all human religious thought. Preparation of the corpse for a life after death dates from the time of cavemen and reached its most elaborate expression in ancient Egypt. The belief that human personality continues in a spiritual disembodied form developed into the belief that spirits return to watch over those still in mortal life. It was natural enough for the living to seek the favourable intervention of the spirits of ancestors in the everyday problems of mortal life, which were believed to be governed by a host of demons and deities. Over the years, as some mortals seemed to have more success in contacting and influencing the spirits than others, neighbours naturally turned to these more adept mediators. Specialized roles developed — the shaman, the priest.

Christianity perpetuated the ancient belief in a host of unfriendly demons but merged the benevolent spirits into a single God, thus eliminating for centuries the basis of a "spiritualist" belief. The spirits of the departed were believed to be in Heaven or Hell, and little concerned with mortal life. From time to time, the ghosts returned, if deeply disturbed, to warn mortals (for example, the ghost of

<sup>4</sup>Transcript of Hearings of the Committee on the Healing Arts, pp. 2661-2719.

<sup>5</sup>*Ibid.*, p. 2714.

<sup>6</sup>*Ibid.*, p. 2702.

<sup>7</sup>*Ibid.*, p. 2710.

<sup>8</sup>*Ibid.*, p. 2674.



Hamlet's father and the ghost of Jacob Marley) but only in witchcraft was a concept of human initiative in contacting spirits maintained (for example, the witches in *Macbeth*).

With the decline in public and religious fear and persecution of "witchcraft", the possibility of a spiritualist religion returned. In 1848, at Hydeville, New York, the three adult daughters of John D. Fox, Margaret, Catherine and Leah, discovered that mysterious knocks or raps heard in the family home seemed to possess some intelligence. By devising a code whereby varying numbers of raps meant "yes", "no" and "doubtful", the Fox sisters began conversing with the disembodied "raps". Soon a more complex code made full communication possible. With this "discovery", modern spiritualism began.

In 1850, some professors at Buffalo, New York, proved that it was possible to produce similar rapping sounds by rapid movement of joints of the body. Mrs. Norma Calver, a relative by marriage to Catherine Fox, publicly admitted that her sister-in-law had taught her how to make the rapping sound. Thus the first exposure of spiritualist phenomena occurred.

The debate has continued ever since, to the extent that today it is considered one of the marks of a sincere spiritualist to expose the fraudulent wherever encountered. Maurice Barbanell, editor of the most widely circulated spiritualist publication in the world, claims to have "exposed more fake mediums than anyone else".<sup>9</sup>

*Healing* as a part of spiritualist practice did not become prevalent until the twentieth century. Early spiritualism was more concerned with messages and manifestations. Probably the success of Christian Science in the late nineteenth century spurred the development of spiritualist healing. Early techniques were adapted from ancient religious practices, such as the laying on of hands, the use of water, and charms. Gradually a pseudo-scientific exposition of healing has sophisticated the early "passes" and "flicking of wrists".

In 1954 John Britnell, a British spiritualist healer, gathered a small group of fellow healers to form the National Federation. Its objective was to standardize and modernize spiritualist healing. Harry Edwards was the first official member.

The NFSH has proved to be a successful organization. By means of a correspondence course, it has trained more than 2,000 healers in its revised spiritualist doctrines. The Federation now has branches in New Zealand, Australia, South Africa and Canada, and is reversing the events of history by attempting to reorganize spiritualism in the United States.

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<sup>9</sup>*Toronto Daily Star*, June 10, 1967, p. 16.

In 1960 the NFSH approached the Hospital Authorities and Management Committees of a number of British hospitals, requesting permission for NFSH-accredited healers to be granted entry to the hospitals to treat patients where the patient so requested and the physician did not object.

Two hundred and sixty-eight authorities, administering about 1,600 hospitals, granted permission before the British Medical Association became aware of the extent of the movement. Although some hospitals have since withdrawn their permission, others have granted it, and the number is now estimated to be about 2,000.

On August 8, 1967, the U.K. Ministry of Health reported that "subject to the general understanding that visits are only at the request of or with the agreement of the patient concerned, the Minister leaves the admission of spiritual healers to the discretion of the individual hospital authority. This latter exercises its discretion in the light of the wishes of the patient and the doctor in whose charge he is".

While in England spiritualism is today a thriving religion, with many modern churches and its own press, in Canada it is a declining religion. A decade ago there were twelve spiritualist churches in the city of Toronto alone; today there are eight. In other centres, such as Oshawa, Brantford and Ottawa, local churches struggle to survive, but efforts to consolidate forces in a "United Spiritualist Church of Ontario" have so far met with no success.

## Organization

Spiritualism is essentially a religion of personalities and followings, rather than of doctrines and organizations. A medium who can produce a highly versatile, convincing, dramatic and emotionally charged demonstration of communication with the spirits will draw to herself a loyal and devoted following. Her doctrine and organizational affiliations will be very much of secondary importance.

Equally, a medium who is repetitive, hesitant, unconvincing and impersonal will fail to survive, no matter how skilled she may be as an organizer and instructor of doctrine. The spiritualist healer whose "patients" leave the healing chair feeling refreshed, cheerful and uplifted will find members waiting for her chair, while others remain empty.

Most mediums and healers are intensely individualist, and jealous of their personal reputation and following. Efforts to put doctrine and organization ahead of individual vested interests inevitably meet resistance, as the NFSH has found in attempting to standardize and upgrade spiritualist healing.

Thus while there are only a few hundred (certainly not more than 1,000) regular supporters of spiritualism in Ontario, this small flock is divided into a confusing array of local, provincial, national and international alignments. Most

of the "federations" which criss-cross spiritualism are not relevant for our purposes, however. We need to be concerned with only three larger groups: the Christian spiritualists, the United Spiritualist Church of Ontario, and the Canadian Section of the National Federation of Spiritual Healers.

The Toronto Spiritualist Temple and its branch churches in Brantford, Hamilton, Oshawa and Ottawa is the largest Ontario grouping of Christian spiritualists. The staff includes seven "regular ministers" and nine "junior ministers".

The United Spiritualist Church of Ontario is a grouping of non-Christian churches incorporated in 1963 with the aim of uniting all spiritualist churches in Ontario and establishing a Seminary and School of Metaphysics. A prospectus for the school was issued and degrees established (Ph.O.S. — Speaker and Exponent of the Philosophy of the Religion of Spiritualism), but no students have ever been enrolled or classes held. The USCO also announced a "Book Room" but it never opened. So far the USCO has failed in its aim to unite Ontario spiritualism.

The Canadian Section of the NFSH was formed in Ontario in 1964, and the majority of its 160 members reside in the province. The Canadian Section does not usually conduct healing services of its own. Its members (many of whom are active in USCO churches) conduct healing in existing spiritualist churches, or anywhere else they are welcome. A United Church in Toronto has invited a NFSH healer to conduct healing. Members of the NFSH need not be spiritualists. The emphasis is on *spiritual* rather than *spiritualist* healing, and the membership includes some representatives of other denominations.

Spiritualist churches make their healing services known through newspaper advertising. Most churches are held in a rented hall or converted store-front, or even in a movie house. Decor is generally very simple and inexpensive. Plastic flowers are common. The atmosphere is distinctly working-class, and most churches are located in working-class residential areas.

The average healing service draws from ten to twenty persons, the great majority older women. For many, the spiritualist services are the highlight of an otherwise lonely and uneventful existence. Non-Anglo-Saxons are rare. (It is interesting to note that most messages from spirits come from a half-dozen of the most common Anglo-Saxon names: John, Bill, Henry, Tom, and so on.) Professional and white-collar workers are rarely seen, as are people under thirty. The average education level of attenders appears to be quite low.

Many spiritualist churches hold some form of activity almost every weekday and Sunday. Messages, ballots, psychometry and healing are combined or alternated. The reason for this frequency of services is not heavy demand, but the reverse. Hall rent is a fixed overhead, no matter how often the hall is used; collections are meagre. (The average giving is fifty cents or less.) The only way to make financial ends meet is to hold services more often.



In every Toronto church observed, healers work without fee or charge for their services. Most healers are housewives whose husbands are employed in industrial or similar vocations; or they are single retired women. It would not be possible for a spiritualist healer to support herself on healing alone at the present level of spiritualist activity in Toronto.

This is not true of "absent" healing, however. At least one NFSH healer in Ontario advertises in American spiritualist publications, and though no fee or love donation is requested, he receives an average of about three letters a day, with a one-dollar donation the typical amount, and two dollars "not uncommon". Since the overhead on such healing is very low indeed, absent healing could be practised for income.

In general, however, the low class level of spiritualist attenders and the availability of healing in person without charge at spiritualist gatherings indicate that this form of occult healing is not usually practised for income in Ontario.

Most spiritualist churches do not have a formal membership, and administration of the church is usually in the hands of a small Board or a single medium. Ordination of spiritualist ministers does not involve formal institutional approval; any spiritualist minister who is already ordained can and does ordain others. There is no hierarchy above the level of minister. This very loose structure helps to perpetuate individualism and the "personal following" within the movement. Because spiritualist alliances or federations are loose associations of individuals and independent churches rather than a centrally administered structure, spiritualism has not been recognized as a religion in Ontario and spiritualist ministers do not have the right to perform marriages.

## Therapy

Techniques of therapy vary with individual healers and with churches. The following details are as "typical" as possible of several major forms of healing but do not necessarily apply entirely to any particular church.

In church "A", a Christian spiritualist church in Toronto, a healing service is held twice a week, in the evening. It begins with hymns. Messages from a spirit may then be relayed to some members of the group by a medium, and several healers take standing positions behind ordinary folding chairs. Hymn tunes are played on the piano, and the group occasionally breaks into song. Any person present who desires healing (whether or not he or she is of spiritualist opinion) simply goes to one of the "healing chairs" and sits down. No information of any kind is requested from the "patient" — not even his name.

The healer dips his hands in water in a nearby basin, rubs them together vigorously, and grasps the "patient" firmly by the shoulders near the neck (standing behind the chair). A formula is repeated; for example, "I of myself can do nothing, but through God all things are possible."

The "patient" will probably feel a warm "current of healing spiritual energy" flowing into his body from the healer's hands. (The healer has rubbed his moist hands together, of course.) After several minutes the healer moves his hands to the head of the "patient", and finally grasps the hands firmly. He bows his head and prays, then dismisses the "patient".

In church "B", a non-Christian healer stands behind a stool (with no back on it). After a "patient" sits down, the healer mutters an unintelligible formula and may move the hands (which she has just washed and rubbed together) in motions suggesting the concentration of "astral energy". Other healers, or regular attenders of the church, may gather in a circle around the healer and "patient" to "give power".

The healer begins with a firm hold on the "patient's" head, then slowly massages down the back to the base of the spine. Then she comes around the chair, and lightly massages the "patient's" face, shoulders, arms and legs. Genital areas are carefully avoided.

The "massage" is often accompanied by frequent flicking of wrists, to "shake off" the destructive energies drawn from the body. (Spirits clean them from the floor.) The healer will use her "power hand" (from which spiritual energy flows) over areas of complaint, while the other hand is placed opposite, on the other side of the limb or the body itself. Expressions of grim determination and deep concentration alternate on the healer's face.

She may inquire of the "patient" whether a specific complaint exists ("Has your back been bothering you lately?") in order to confirm a diagnosis intuited from her spirit guide. Stiff or arthritic joints may be manipulated slowly and exercised.

When the "massage" is complete, the healer recites a prayer and dismisses the "patient" with a firm grasp of the hands. A few brief suggestions for healthier living may be given—for example, "I would try to get more rest, you seem down in tone", or "Don't eat any candy." (No suggestions of a medical nature were observed in the ceremony we witnessed.)

The healer may wear a white coat and white shoes, and even a white dress, affecting the appearance of a nurse or doctor. She conducts herself with an attitude of solicitous authority.

Although all spiritualists insist that it is the spirits who do the healing, not the "healer", it is obvious that the spirits get a great deal more human assistance from the non-Christian healer than from the Christian. One non-Christian healer even intimated that she was considering adding Dettol to the washing water "for

sanitation purposes". When other healers or members of the group gather in a circle around the healing chair, to "give power", they extend their arms outward, with hands open and palms up, in an expression of offering or giving help.

The techniques of spiritualist healing in Ontario are changing slowly under the influence of Harry Edward's doctrines, promoted by the Canadian Section of the NFSH, which has recently made its correspondence course available to Canadian healers. This course includes a detailed study of anatomy, using charts, and seventeen "Papers" which the student reads. Question sheets are included; the student completes one after each lesson paper and mails it for marking (which is still done in Britain).

The direction in which spiritualist healing in Ontario can be expected to move is indicated by the following extracts from the writings of Harry Edwards, instructing the healer on appropriate techniques:

Healer and patient are seated facing each other, sufficiently close to enable the healer to encircle the patient's body with his arms. The patient must then be told to relax completely, to go limp, to sag . . . the healer will then place the fingers of his "power" hand close together over the vertebrae where flexibility is desired. His other hand will be on the patient's shoulder. For a few moments the healer will remain in this position, thus allowing the "freeing power" to work upon the adhesions fixing the spinal bones together. Then, with a gentle pushing movement of the shoulder, the patient will be asked to let his back yield and bend where the fingers are being held . . . . The healer will then move his hand to the next section of the spine and repeat the process, until the whole of the spine is covered.

. . . The neck should be similarly treated. One of the healer's fingers is placed between two of the neck bones, with his other hand on the forehead, and easy and full movement sought in each direction . . . .

. . . No pain should be caused to the patient during any part of the flexing process . . . as the healer gently perseveres, easement will come.

. . . Distress is often caused by one of the vertebrae being out of alignment, and to the healer's sensitive fingers this will be easily recognized. First obtain spinal flexibility, and then gently sway the spine, with the fingers resting on the offending bone. As the spine moves, so the joint that is out of place will go back into its proper position.<sup>10</sup>

In an article on "The Healing of Spinal Troubles", republished from *The Spiritual Healer* and distributed by the NFSH, Edwards writes of this treatment as "a sphere of healing in which medical science can do very little more than prescribe palliatives". Illustrating the problem with a diagram of a slipped disc, Edwards advises:

It is very rare that any case of slipped disc does not immediately respond to spiritual healing and if doctors would only co-operate more with healers, how much suffering could be quickly overcome . . . . Over 30,000 (spinal)

<sup>10</sup>Harry Edwards, *op. cit.*, p. 41.



corsets were ordered under the National Health Acts last year. I venture the opinion that 90% of these would not have been needed if the aid of spiritual healing had been sought.<sup>11</sup>

The correspondence course of the NFSH is based on these writings by Edwards, and the course now being made available in Canada contains Papers 11 to 17, covering healing of spinal conditions, arthritis, paralysis, respiratory diseases, mental stress, internal disorders, growths, and so on. The section on spinal troubles is almost identical to that quoted above.

The instructions for healing arthritis demonstrate the point we made earlier, that British spiritualist healing is moving closer to chiropractic:

If the shoulder joint is still, locked or semi-locked, the healer will cup one hand over the shoulder joint and hold the patient's forearm with the other. Then, blended in with the patient the healer will pause to allow for the healing energies to flow through and disperse the deposits. The shoulder joint is tested to observe the result. The healer (leaving his hand over the shoulder joint) will gently move the arm backwards and forwards from the shoulder. The healer may become conscious of the movement being a little stiff, but as he continues to move the arm, he will become aware of a much looser movement taking place. Gradually the arm can be moved back and forward a little more each time, until it swings freely . . . . The next step is to observe whether the joint can be moved in a circular manner. Remember the shoulder joint is a ball and socket joint. With one hand remaining on the shoulder, the other will move the arm in the smallest circular movement possible, gradually widening the arc . . . .<sup>12</sup>

## Training

The training goal of the NFSH is to enrol every spiritualist healer in the correspondence course and to "accredit" those who meet the required standards. By increasing the opportunities for practice (such as admission to hospitals, establishment of sanctuary-clinics, and so on), the NFSH is making accreditation more attractive and is increasing the possibility of a living income for spiritualist healers.

At present, the training of healers in Ontario spiritualist churches is entirely the task of individual churches. When a practising healer encounters a regular attender whom she believes would "make a good healer", she may permit him to take a healing chair for an evening. If the results are promising, individual instruction is given. Thus the ritual practices peculiar to any particular church or healer are perpetuated. Training of this type involves very little written material and no formal instruction in such matters as anatomy.

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<sup>11</sup>Harry Edwards, "The Healing of Spinal Troubles", reprinted from *The Spiritual Healer*, January, 1958.

<sup>12</sup>NFSH correspondence course, Paper No. 10.

## Experience

Published testimonials of successful spiritualist healing are not available in Ontario churches, nor are verbal testimonials presented during services. However, individual cases of healing were made available to us for study. The most significant involved a middle-aged Toronto woman whose legs were badly paralyzed by causes which the attending physician considered largely psychosomatic. A period in the Rehabilitation Centre did not bring any significant improvement; however, a number of treatments at a spiritualist church brought a complete recovery. The physician's explanation was that "someone had started loving her". This woman had been living a lonely and very unhappy life for some years.

*The Spiritual Healer*, a British publication, contains testimonials of healing in each monthly issue. Recent copies have credited spiritualist healers with relief of, or cures for, a wide variety of disorders: skin disease, meningitis, leukemia, ulcers, cancer, blindness, arthritis, slipped disc, cerebral haemorrhage, and water on the knee. This magazine makes the original letters of testimony available for examination.

In its study of faith healing (see Chapter 8), the British Medical Association has indirectly conceded the success of spiritualist healing, but of course argues that the cures achieved could have resulted from other causes than the spiritualist treatment. The admission of British spiritualist healers to hospitals also is a direct recognition of their usefulness.

If the spiritualist churches in Ontario united and expanded, it would be reasonable to expect that testimonials would be published here, and that admission to hospitals would be sought..

## Recognition

Other than the British case already mentioned, there appears to be no official recognition of spiritualist healing by any public agency, corporation or other social institution.

## Regulation

British regulation has already been reported. In Ontario there is no specific restriction of spiritualist healing, although the trend towards chiropractic might bring healers into difficulties.

Our survey of legislation (Appendix II) shows that many American states do not permit spiritualist healers to "massage" or "manipulate" in the manner now practised in Ontario. The definitions of medicine in these states preclude any practice except that of "prayer or spiritual means".

There is no record of complaint concerning a spiritualist healer by any physician reporting in our Metro Toronto survey, or by any social agency, or in the courts or the press. Spiritualist healers do not appear to have become involved in any sensational cases such as those which on separate occasions have involved a Jehovah's Witness, a Pentecostal, and two Anglican priests during the past several years.

## **Evaluation**

There can be no doubt that spiritualist healing, like Christian Science, does change the physical and mental condition of individuals, whatever the scientific explanation may be. The testimonials of spiritualist publications are even more impressive than those published by Christian Science, because the full name and the address of individuals are published, often with photographs, and verification with the individuals is thereby facilitated. (Christian Science publishes only initials and no address.)

In the healing techniques promoted by the NFSH, the human healer seems to be taking a more and more active role, instead of acting simply as the medium for intangible, non-material, "spirit" treatment. However, it is difficult to foresee a useful role for Edward's chiropractic techniques of healing spinal problems, arthritis and other similar conditions. Even if the healer has completed a correspondence course in anatomy, she is hardly likely to be equipped to make a competent diagnosis of the patient's ailment and similarly is not trained to apply manipulative treatment.



## Chapter 8 Faith Healing

In popular usage the term "faith healing" generally would be understood to include most of the occult healing systems reported in this study. Here we are using the term in a more restricted sense, recognizing that there are certain distinctions in metaphysical doctrine which separate Christian Science, Unity, non-Christian spiritualism and other forms of "mind cure" from the faith healing dealt with in this chapter.

### History

As outlined in our discussion of the history of spiritualism (Chapter 7), the concept of intercession with divine powers for relief of human distress is one of man's most ancient beliefs.

Within the Judaic culture, incantation and intercession with deities for evil purposes were forbidden, and this tradition continued in Christendom, where such practices were labelled "witchcraft". The Church took over and monopolized the positive tradition of intercession with the one God of Judaism and of Jesus Christ. Jesus himself had set the example of personal purity and godliness in his human life, and demonstrated the power of a right relationship with God in his healing miracles. However, He constantly emphasized that it was the sufferer's own faith (right relationship with God), rather than any occult power under His control, which made the healing possible.

Although the Apostles and early Christians continued the healing work initiated by Jesus, the expansion of Christianity gradually reduced the proportion of extremely vital and devoted members, and increased the proportion of nominal adherents. At the same time, expansion necessitated organization. The care of the sick became a specialized duty. Hospitals were established. Inevitably a process of secularization shifted the emphasis from faith to medicine, from priest to doctor, from petitioner to patient.

In medieval times the tasks of healing were bifurcated between the Church, which specialized more and more in spiritual health, and the medical profession, which was carefully restricted to limited physical procedures. Religious opposition to dissection and other medical advances widened the gap. Mental illness was regarded as possession by evil spirits, rather than a province of medicine. Although charismatic figures arose from time to time, and brought both physical

and mental healing to the ill, the worldly organization of the Church tended to discourage saintliness more and more. Monasteries cared for the sick, but with neither excellent medicine nor healing miracles.

The Protestant Reformation downgraded the role of saints and abolished monasteries. The rule of natural law was incorporated into Christian doctrine. Calvin concluded that "The grace of healing has disappeared, like all other miraculous powers". The physician must now heal the mortal man, while the Church cared for the immortal spirit. Though the Protestant churches established their own hospitals, in Catholic, Protestant and secular hospital alike healing had become the responsibility of the physician of *materia medica*.

The way was left open for new religious concerns for man's health and well-being, based on the early concept of the wholeness of man. The nineteenth century mind-cure movement was one response to this need, but it so distorted the traditional doctrines of Christianity that many "orthodox" Christians found it profoundly dissatisfying.

Within "orthodox" Christianity, only the Catholic Church has preserved an active concern for physical healing through faith, as for example at Lourdes and at St. Joseph's Oratory in Montreal. However, this healing has remained only a minor part of the Catholic Church's activity, and does not meet our criteria for selection of "healing cults" (see p. 3). The same is true of the United Church's occasional support of Rev. Alex Holmes.

The Anglican Church of Canada has not made "faith healing" a part of its activities, but the recent startling events at a Toronto Anglican church which *did* make healing a central activity bring this particular church within our criteria.

Among the "fringe" or "fundamentalist" Protestant groups, some persons have made healing their major activity and therefore are of concern to us. The most famous of these is Oral Roberts.

## Oral Roberts

Oral Roberts, a member of the Pentecostal denomination, is probably the best-known living faith healer in North America. His "crusades" visit many cities, and through television broadcasts of edited portions of these crusades, many millions more are reached each week. In two decades, Roberts has expanded from a small personal ministry to an incorporated structure employing hundreds of persons with a budget in the millions of dollars each year. A university is now part of that corporate structure.

## Claims

Oral Roberts claims to be a divinely appointed channel for God's healing of all forms of human illness and distress. Numerous testimonials are published and broadcast to support this claim. Those seeking his intercession with God are urged to "expect a miracle".

Roberts does not rival medical practice in any way; on the contrary, he urges the use of physicians and recognizes their work as another equally valuable channel of God's healing power. Roberts also has been careful to avoid any conflict with other religious and occult healing groups.

Although he makes no personal claims for his own power, attributing all healing to God's action, Roberts does carry out his healing role in an extremely dramatic and personalized manner which inevitably attracts attention to his own actions rather than to the (unseen) actions of divine power.

### Doctrine

Roberts shares the generally fundamentalist doctrines of the Pentecostal movement, concerning the nature of reality, the destiny of man, the nature of God. This includes a belief in Satanic power and the existence of demons as a cause of human illness and distress. Strangely enough, Roberts mentions his encounter with demons in his Brazilian crusade more frequently than any encounter with demons in North American society. He claims to have cast out demons.

Roberts argues that God is good and does not will disease, but may permit it as a test, or for purification, to demonstrate His own power for goodness. He urges the sufferer to trust in God's power and willingness to heal.

### History

In 1947 Oral Roberts was pastor of the Pentecostal Holiness Church at Enid, Oklahoma. A decade earlier, he claims, he had been "miraculously healed of tuberculosis" at a revival meeting in Ada, Oklahoma. At that time, God promised him that he would take His healing power to the world. Roberts waited for a sign, and it came in 1947 in a series of dreams. He rented an auditorium, found that his "enthusiasm was contagious", and healed a woman whose hand had been crippled for thirty-eight years.<sup>1</sup>

Roberts resigned his post and moved to Tulsa, where he founded the "Healing Waters Revival Ministry" and began publication of a magazine. In 1948 he incorporated his ministry and began his crusades. During a meeting in Texas, a storm struck his huge tent, and half-ton steel poles slowly fell on the crowd of 7,000. No one was hurt, however—everyone was able to get out of the way of the poles—and the newspapers headlined a "miracle". Roberts rocketed to national fame.

From the beginning of his healing ministry, Roberts demonstrated his power to move a large crowd with effective preaching. He also showed great skill in the use of mass media. His radio ministry began in 1948, and in 1954 he began broadcasts of crusades by television.

<sup>1</sup>Oral Roberts, *My Twenty Years of a Miracle Ministry*, Roberts Evangelical Mission, Tulsa, Oklahoma, 1967, p. 7.



Roberts' corporate affairs prospered enormously. His organization moved into its own modern office building in 1954, and in 1959 moved again into the "Abundant Life" building, especially designed for his ministry, with equipment for production of radio, film, tape and television programs. He took crusades further afield, to India, Australia, South Africa and Europe.

### **Organization**

Including staff at Oral Roberts University, the Roberts organization now numbers over 600 employees, with a budget of millions of dollars. Regional offices handle local affairs, but all are in close contact with Tulsa. In Canada, Oral Roberts' affairs are managed through a Toronto office by an Administrator and several full-time clerks. Replies to appeals for help and public response to the mass media outreach are handled through this office.

As well as dominating the healing crusades, Roberts remains in personal authority within the corporate structure. Most of the organization's literature is authored by him and he is the most frequent person featured in it (he is also shown in many photographs). The healing ministry remains very much the *Oral Roberts* ministry despite the development of a "healing team".

The organization of a crusade requires months of advance preparations. About one crusade a month is held somewhere in the world. In Canada, the Canadian Administrator assesses the proposed location about six months in advance to ascertain that a crusade will be successful.

A committee of local ministers willing to support the crusade's work is set up and takes the responsibility for local arrangements. If the location lacks a large enough hall, the Roberts tent will be used. Roberts always brings his own public address system, rather than depending on local equipment and risking failures.

Crusades cost between \$15,000 and \$25,000. Roberts' organization guarantees to cover any loss. On the other hand, if there is a surplus after all expenses are paid, it goes to the local sponsoring churches, as do all the names on the Prayer Cards.

No information is available on the exact budget of the Roberts' organization, his own salary, or similar matters. Nor are there any reliable data on the number of persons reached or "healed". The persons attracted to Roberts' crusades are likely to be in the working and middle-class range, but no statistics are available on typical age, income or education. Clearly the great majority would be favourably disposed to fundamentalist Protestant doctrine, and are therefore likely to be of less than university education, non-professional, and in the middle-to-older age range.

## **Therapy**

Roberts does not ordinarily practise healing in a quiet private situation with the individual patient. He works in a crusade, a series of large daily meetings, carefully organized and stirred to enthusiasm (and even frenzy) by rousing hymn-singing and preaching.

Those wishing healing must register in advance and secure a Prayer Card. Individuals are called in alphabetical order, with all those not called prayed for en masse on the last day.

Following hymns and Roberts' dramatic sermon, the Prayer Line forms. Roberts usually sits on stage, on a high stool, with each petitioner coming before him in turn (and remaining standing). Roberts reads out the name and illness from the Prayer Card, and then exchanges a few personal words warmly with the sufferer.

Then with a forceful gesture, which may cause the sufferer to sway backward, Roberts firmly grasps him by the head or shoulders and cries out loudly, "In the name of Jesus Christ, be HEALED, be HEALED." The sufferer may shudder or shake, or even cry out.

Relaxing his hold, Roberts again converses with the sufferer, asking him, for example, "Did you feel that", or "How do you feel now?" or saying "I felt God's healing power that time". Usually the sufferer agrees that he or she felt something flow through from Roberts' hands, or that he or she is feeling better.

As the sufferer walks off stage, the limp may have disappeared, or the crippled arm may swing, or the back straighten. Whether or not the health of the individual is altered in a meaningful way, it is frequently possible to observe a marked difference in the posture, motion, general manner and facial expression of the petitioner.

Roberts often features return visits by persons he has healed at earlier crusades (especially in the same city). These individuals, now hale and hearty, testify to the healing they received from a previous crusade.

In many cases, no observable healing takes place. This is not frequent on the television coverage of crusades, since these programs are edited rather than presented "live". On stage, Roberts tends to emphasize, and devote more time to, those persons who seem to respond to his healing technique.

## **Training**

The "healing team" of assistants who aid Roberts in his crusades consists mainly of ministers who have developed abilities for faith healing in their own right,

and who have joined the Roberts organization. The Oral Roberts University School of Evangelism is training its students in the doctrine and practice of Christian healing, among other things.

### **Other Faith Healers: Fundamentalist**

Healing crusades regularly visit many smaller centres in Ontario where the Roberts organization would not find sufficient support to merit the large expense of a crusade. These smaller crusades usually feature a healer and several assistants. A tent, chairs, public address system, and other equipment are moved about by truck.

Contacts are made in advance with sympathetic local ministers to publicize the crusade. A week or so before the crusade arrives for the usual week-long series of meetings, advertising cards may be tacked on utility poles in the area. Advertising is placed in the local newspaper church page.

At a recent crusade of this type in southern Ontario, featuring a western Canadian faith healer, evening gatherings were held in a large tent raised on a department store parking lot. Several scores of persons sat scattered throughout the tent, which could have held at least 500. Rousing hymn-singing was followed by requests for all those who felt the power of God present in the tent to raise their arms . . . and then to stand up. A fiery sermon was then preached, in which the healer included his own story of miraculous recovery from a very terrible disease.

Those who desired healing were called to the stage. The healer grasped each in turn by the head, commanded the demons in possession to "loose this man" (or woman), and called on the healing power of Christ to make whole.

One woman, about thirty-five to forty years old, came up and disclosed her problem as "oppressive fear and depression". When the healer grasped her head and shouted to the demons to "Loose this woman", she swayed backward and fainted to the stage floor. The healer retained his grasp and the woman revived. He again exorcised the demons, and the woman broke into tears, babbling incomprehensibly. She shook and writhed on the stage.

Finally, after about five minutes, the healer left her on the stage floor and returned to the healing line. After a further five minutes the woman ceased shivering, got up, and returned to her seat. The gathering was punctuated with cries of "Halleluja" and similar outbursts during all this time. The healer afterward assured the crowd that "God's healing power was truly with us tonight".

### **Other Faith Healers: Toronto Anglican "Demon Cult"**

A group practising the exorcism of demons was active for several years in St. Mathias Anglican Church in downtown Toronto, and came to sensational press and public attention in September 1967 following an inquest into the death of one of its members.



The spiritual leader of this group was well respected not only among his fellow churchmen, but also by ministers of other denominations who knew him well. Two Anglican priests who had served under him in the past described him as "almost a holy man, deeply religious, always concerned to help troubled persons, a man of peace".

The second Anglican priest in this group, the assistant at the church, was new to the ministry (having recently been ordained after serving as a teacher in a private school). He tended to be rather facile and dogmatic in his exposition of the group's doctrines.

The organizational leadership of the group was exercised by the estranged wife of a university professor. She was a woman of strongly held opinions, biting sarcasm, unyielding attitude, and almost "hypnotic" persuasiveness.

The church in which the group operated is located in a downtown working-class area of Toronto. Most of the population are Italian or Polish immigrants, and Roman Catholic. The membership of the Anglican church is very small, and most apparently became involved in the demon-exorcising group.

"The ministry began as a group gathered for prayer for spiritual healing. Latterly it has become more and more concerned with the presence of evil in the lives of distressed people, . . ." reported the Anglican bishop at the time of the inquest.

The assistant priest freely conceded that the group believed in real, personal entities called demons, in the service of the Devil and Hell. Illness and distress were caused by the possession of an individual by demons, he claimed. An "evil atmosphere" surrounded such a person. The demons could be exorcised by various prayers and rituals.

The woman in charge of organization, whose personality obviously dominated the group, acted as a "house mother" to about sixteen persons living in the group's community house. The age of residents ranged from three years up. It included five theology students at the University of Toronto, and the assistant priest.

Most of these residents, especially the students, had come from emotionally troubled backgrounds. They clearly appreciated the strong emotional rapport possible with the leadership of the group. Anyone leaving the house first came into the living room and held hands briefly with the assistant priest and the woman while a protective prayer was said. Physical expressions of emotional attachment and dependence were frequent (holding hands, kissing and hugging).

Several of the resident students credited the group and its leadership with effecting great improvement in their health and emotional stability. Improvement in school performance also was mentioned. There was a strong sense of unity in opposition to the cold, unfriendly world outside.

The inquest found that the Anglican priest and his wife had been negligent in the death of an eighteen-year-old girl, a member of the occult group and a resident in the church rectory as the legal ward of the priest. She died in June 1967, from a brain abcess and meningitis.

The girl had been suffering an "earache" for several weeks prior to her death, and had been treated on seven occasions by six different doctors at a Toronto hospital. The last treatment was nine days before her death, and at that time the examining doctor found her to be recovering well. He instructed her to return in two weeks.

During the twenty-four hour period prior to her death, she suffered great pain and was continually screaming. The priest and other members of the group believed her to be suffering from possession by the Devil. At the inquest, the priest admitted that his religious beliefs had "clouded" his judgement, and that he had believed his ward's troubles to be only emotional.

Instead of calling a doctor when the girl began screaming and showing great pain, the priest "spanked" her ritually to force the devil out of her. Later two other members of the group came to exorcise the devil out of her, but found her dead.

When the girl's body was removed to the coroner's morgue, three members of the group went to the morgue and prayed over the body. They admitted that they fully expected that their prayers would bring the girl back to life, as Lazarus had been raised from the dead 2,000 years before.

At the inquest, concern was expressed at the lack of communication among the doctors at the hospital treating the girl, such that six different doctors should have become involved, a circumstance reflecting more cause for concern about hospital outpatient services than about faith healing. But the jury verdict attached no fault to the medical profession.

One of the most interesting rituals of this group, for our investigation, was paid little attention in the press. This was a ceremony for "potting the devil". When possessed of a demon, the individual suddenly fell asleep, as if in a trance; and, according to witnesses, the woman in the group leadership also went into a trance. Once she "howled like a dog". This ritual, and the extremely emphatic, persuasive manner of the woman in ordinary conversation suggest that phenomena resembling those of hypnosis were part of the group's ritual, whether the group was aware of this or not.

The group encouraged its adolescent members to break away from parents who were believed to be possessed by the devil and imprisoning the children in evil. "We call these people outside the jailors," explained a member of the group.

The angry emotional divisions created (or exacerbated) in the families of some of the group members were frequently evident at the inquest.

Members of the group lived in daily fear of the devil, and were encouraged and assisted to remain always on guard. The devil was described by one witness:

He was a live, active, dark mist surrounding things and penetrating them. If you cut a finger or drop a dish, that would be the devil's work. If I talked of my father and mother I would be picking up their bad atmosphere and that would have to be prayed away.<sup>2</sup>

The leadership and at least half a dozen of the members of this group had university-level education. The remainder were young persons of a working-class or white-collar background, most in their late teens or early twenties.

It should be emphasized that the events at St. Mathias in Toronto are in no way characteristic of the policy or practice of the Anglican Church of Canada on questions of healing.

## Evaluation

Probably none of the larger denominations any longer propagates doctrines of demonology and demon exorcism, although doctrinal statements concerning belief in demons and Satan still remain part of most Christian Churches. It would be necessary to revise the New Testament substantially to eliminate such doctrines completely. However, most of the larger Churches not only discourage implementation of demonological concepts today; they are also moving in the direction of rejecting faith healing as a legitimate application of Christian belief.

## The Church of England

In 1955 the Archbishop of Canterbury appointed a special commission to study the role of the Church in healing. The practical investigations required were turned over to the British Medical Association (a fact which later served to cast doubt on the objectivity of the Report, but which on the other hand made its concessions to the power of occult healing all the more significant). Both the BMA and the Archbishop's Commission issued reports in 1956.

In its report, the Archbishop's Commission takes a general "scientific" approach to healing. It rejects the doctrine that suffering is God's will but states that it can be a consequence of man's sin.

However, it denies that healing inevitably follows sufficient faith, or that God must heal, or that sickness is always caused by sin; and thus it undermines the doctrines of faith healing.

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<sup>2</sup>*Globe and Mail*, September 29, 1967, p. 2.



The Report considers that a scientifically inexplicable healing is no more important or wonderful than one brought about by medical means:

Nor does the fact that an event is scientifically inexplicable constitute evidence of supernatural cause. Confronted with what is at present inexplicable, the scientist cannot resort to supernatural explanations without transgressing the limits of scientific thinking.<sup>3</sup>

The Report urges recognition of the *post hoc, ergo propter hoc* fallacy (the argument that because B followed A, A caused B) which frequently underlies testimonials of the efficacy of faith healing. It opposes use of the term "faith healing" within the Church, on the grounds that it puts too much emphasis on faith and the faith healer as the operative aspects of healing. It also opposes "*spiritual*" and "*divine*" healing because these suggest that medical healing does not involve the spiritual or divine. The preferred term is "the Church's ministry of healing".

As might be expected, the Commission's Report deals largely with the theological aspects of the Church's ministry of healing; the BMA Report, undertaken at the Commission's request, deals with the specific experience of faith healing among British doctors.

### British Medical Association Report

The Archbishop's Commission asked the BMA to investigate 1) medical evidence of spontaneous cures or rapid recovery as a result of spiritual healing; 2) evidence of the value of healing services in the Church; 3) possible harmful effects, including delay in seeking medical advice. Ten prominent doctors with an impressive array of qualifications constituted the BMA Committee. They held hearings, consulted individuals in the field, and distributed a questionnaire to all physicians.

The Committee's conclusion was that:

As far . . . as our observations and investigations have gone, we have seen no evidence that there is any special type of illness cured solely by spiritual healing which cannot be cured by medical means which do not involve such claims.<sup>4</sup>

Actually, this conclusion is very carefully phrased. It does not say that spiritual healing cannot heal or has not healed any disease, but only that such healings could have been achieved by medical means. The Report does concede several major points, which occult healing practitioners have since cited as lending some support to their own claims.

<sup>3</sup>Archbishop's Commission Report, 1956, p. 27.

<sup>4</sup>British Medical Association, *Divine Healing and Co-operation between Doctors and Clergy*, 1956, p. 13.

First, the Report concedes that the patient may gain new courage from spiritual healing ministrations; his anxiety may be reduced, thus promoting healing, and his appetite may even be restored. But the Report goes further:

The same drug given by two doctors may have a very different effect according to the personality of the practitioner administering it, thus one may succeed where another fails; one patient may be cured because he has faith whereas the sceptical one is not; one method such as suggestion may cure where analysis failed, and vice versa.<sup>5</sup>

This statement tends to lend support to the doctrine taught in Christian Science, Concept-Therapy and other occult systems, that the efficacy of drugs depends (largely or entirely) on the doctor's suggestion.

The appendix of the Report contains a number of verified cases submitted by British doctors who themselves believed that some form of spiritual healing was at least partly responsible for the patient's recovery. Cases are reported where "recovery occurred usually in a very short time after healing services were held for patients with grave or hopeless prognosis":

A case of disseminated sclerosis with widespread lesions; a lady in her forties with sinus for whom inhalations and antiseptics had provided no relief; an elderly lady of seventy-one who had been in bed for nine weeks following a stroke and had been told by her general practitioner that she would not walk again; a baby two and a half years old with tubercular intestinal peritonitis who had been given two weeks to live; a child of nine with diagnosis confirmed by biopsy, of cirrhosis of the liver; a woman in her forties who had ulcerative colitis with frequent haemorrhage from the rectum, a condition from which she had suffered a number of years . . . .<sup>6</sup>

These *medical* testimonies attributing healing in whole or in part to spiritual treatment and prayer cover a very wide variety of disorders, both "functional" and "organic". This probably accounts for the caution of the Committee in restricting its conclusion to the suggestion that the same cures might have been achieved by medical means, without denying the physicians' reports that they were in fact achieved without, or after the exhaustion of, medical means.

In the area of functional disorders, the Committee readily admits the efficacy of spiritual healing, suggestion and similar techniques:

Disorders of psychological origin may be cured by many methods of treatment affecting the patient's mind and emotional state, including spiritual healing, laying on of hands, unction, forms of analytical treatment, suggestion (including hypnosis) . . . some of these methods direct themselves simply to the abolition of the symptoms, such as removal of pain or a hysterical paralysis; others, especially the analytical method, aim at discovering some of the causes and the meaning of the illness, and by allaying the anxiety, may cure the patient more radically and permanently.<sup>7</sup>

<sup>5</sup>*Ibid*, p. 11.

<sup>6</sup>*Ibid.*, p. 35.

<sup>7</sup>*Ibid.*, p. 11.

One possible explanation is suggested for the success of spiritual healing after exhaustion of ordinary medical means:

All psychiatrists know of seemingly intractable physical illnesses or emotional disorders which did not respond to any form of treatment hitherto, but which under their care make a rapid and apparently complete recovery. It is this sort of case which responds to spiritual healing, and gives the false impression that the spiritual healing was the causal factor.<sup>8</sup>

Turning to the potential dangers of spiritual healing, the Committee warns that:

. . . it is undesirable and even highly dangerous for anyone to apply these methods of treatment without a knowledge of the nature of the disease from which the patient is suffering. To treat certain forms of depression by laying on of hands or to resort to the help of spirit media or suggestion when specific treatment is available is to do the patient the greatest disservice.<sup>9</sup>

The dangers of faith healing were believed by the Committee to be greatest among those who put the most hope in it and then were disappointed, since the resulting depression could reduce the efficacy of ameliorative medical treatment, even when a cure was not possible.

The majority of cases where physicians reported damage to the patient as a result of faith in an occult healing system were found to involve Christian Science.

Since "incurable" patients who turn to occult practitioners and survive the physicians who predicted their early death are among the more frequent examples referred to by occult practitioners as proof of their success, the Committee takes pains to point out that such prognosis is made on a statistical basis. That is, the chances of survival may be only one in a hundred, but obviously it is that one who stays around to testify to his survival. Such survival need not involve any form of occult healing; it is simply a matter of statistical chance.

### United Church of Canada

Perhaps the most critical assessment of faith healing by a Church is that recently issued by the United Church of Canada in its report, *Sickness and Health*.<sup>10</sup> This study was produced by a Committee of ministers and physicians, and it omits any objective survey of medical experience. It presents the following criticisms of faith healers (paraphrased below):

- 1) Most faith healers assume sickness is the work of Satan or a result of sin; this is not in accord with New Testament teaching.
- 2) Most faith healers wrongly assume a distinction between natural and supernatural healing.

<sup>8</sup>*Ibid.*, p. 13.

<sup>9</sup>*Ibid.*, p. 11.

<sup>10</sup>United Church of Canada. *Sickness and Health*, Board of Evangelism and Social Service, Toronto, 1967.



- 3) Many faith healers make extravagant and unreliable claims, and use sensational testimonials given under emotional stress.
- 4) Many faith healers encourage suggestibility and credulity.
- 5) Some reliable studies have suggested that only in a very small proportion of cases is healing achieved. (The BMA and two other studies are cited.)
- 6) Much agony and heartbreak is suffered by many who are not healed.
- 7) Many faith healers disparage or discount the role of medicine.
- 8) The huge sums of money contributed to faith healers would be more productively used in medical research.

The Report concludes that "faith healers of the variety described above do not exercise a legitimate ministry of the Church and should be actively resisted in their practice".

### **"Scientific" Studies of Faith Healing**

If by "scientific" we mean objective, experimental, verifiable studies, then there are very few such in this field. Studies by survey of physicians do not qualify, since they are open to prejudice and emotion. The information gained from such surveys, carefully conducted, is certainly useful, but it cannot be regarded as definitive. The results of a survey of positive effects (the BMA study) and one of negative effects (our own survey of Toronto physicians) are reported elsewhere (pp. 127-129 and Appendix III respectively).

A study by A. C. Gabelein in 1925<sup>11</sup> found that of 350 persons who received healing from a faith healer in Vancouver, B.C., 301 showed no change, thirty-nine died within six months, five became mentally ill, and five were cured. Of course, the cures were attributed to recovery from functional disorders, since physicians label any illness cured by a faith healer as (by definition) a functional disorder.

As the Anglican Archbishop's Commission pointed out, this is to be expected. Scientific medical practice cannot accept a supernatural explanation. Even if a faith healer caused an amputated limb to grow back on a patient, medicine would have to seek a natural explanation.

A study by Leslie D. Weatherhead<sup>12</sup> and his son, a psychiatrist, of miracle cures at Lourdes in France found that at least 98 per cent go home unhealed. He refers to Dr. George Day's study of the Lourdes miracles, which concluded that of the sixty-eight million persons estimated to have visited the shrine since its opening, only 200 cures have been certified by the commission of physicians and priests responsible for such verification. Of course, these 200 cures have

<sup>11</sup>Cited by the United Church of Canada, *ibid.*, p. 17.

<sup>12</sup>Leslie D. Weatherhead, *Psychology, Religion and Healing*, 1963, p. 157.

survived the most rigid investigation. Before recognition as a "miracle", a cure must be verified with the patient's personal physician, with times and dates of treatment, and with opinions of specialists consulted; the patient is then examined by at least three doctors at Lourdes, and sent home for a year. At the end of a year he is again examined by three physicians. If in their opinion healing has taken place which can reasonably be attributed to the period of time of the visit to Lourdes, a commission is appointed, medical opinion is consulted, and finally, all being agreed, the cure is certified as a miracle.

Despite his grave doubts about the statistical efficacy of Lourdes, Weatherhead asserts that after examining several cases in detail, one involving a boy who was totally blind, "there cannot be any doubt that real cures of organic diseases have taken place".<sup>13</sup> However, he attributes the cures to factors other than supernatural intervention and the healing waters of the shrine:

There is probably no stream in Britain which could not boast as high a proportion of cures as the stream at Lourdes if patients came in the same numbers and in the same psychological state of expectancy.<sup>14</sup>

In any event, the proportion is not very high: Day estimates it at .0003 per cent of those visiting Lourdes.<sup>15</sup>

Finally, we note a study conducted by a German physician<sup>16</sup> on three women: one with chronic inflammation of the gall bladder, with stones; one who was failing to recuperate from a major abdominal operation; and a third with wide-spread cancer. The physician first allowed a spiritual healer to pray for the patients without informing them. Nothing happened. He then informed them that he was requesting spiritual healing, and repeatedly emphasized this so that their expectations were increased over a period of several days. He named a specific time at which the spiritual healer would be praying, a time at which he was quite certain the healer would not be doing so. When the stated time arrived, all three patients improved "quickly and dramatically". The recuperating patient completely recovered; the cancer patient recovered enough to go home and do household duties until her death shortly thereafter; and the third went home well and did not relapse until several years later.

<sup>13</sup>*Ibid.*, p. 149.

<sup>14</sup>*Ibid.*, p. 158.

<sup>15</sup>*Ibid.*, p. 157.

<sup>16</sup>H. Rehder, "Wunderheilungen", *Hippokrates*, Vol. 26, 1955, p. 577.

## Chapter 9 Unity

Unity is a religion applying the mind-cure doctrines of the late nineteenth century, but without the specialized practitioners trained in Christian Science. It was founded by Charles Fillmore and his wife Myrtle, of Kansas City, in 1889.

### Claims

Generally Unity de-emphasizes claims of healing. A limited number of testimonials are published of healing achieved by the "Silent Unity" twenty-four-hour prayer service operating at international headquarters, but testimonials are not part of the regular Wednesday night healing service. There is no theoretical limit on the extent of claims: Unity teaches that positive, thoughtful prayer can heal any disease or distress. Some of the claims are quite dramatic:

A woman was suffering from a severe radium burn. It had eaten deep into the flesh above her heart. She longed to write to Silent Unity for help in prayer but was physically unable to do so. With her finger she traced the words on the coverlet of her bed "Jesus Christ and Silent Unity please help me". . . . In twelve hours ribs that had been exposed were covered, in twenty-four hours flesh was building in, in forty-eight hours the woman was up and carrying on some strenuous physical work.<sup>1</sup>

Unity does not claim any unique or original methods such as are claimed for Christian Science, nor are any claims made by or on behalf of the founders as divinely ordained persons. Unity does not consider itself a substitute for, or superior to, any other religion or occult healing system.

Unity shares with Christian Science a distrust of medicine as a healing system whenever medicine seeks to present a material explanation of healing. However, there is no opposition to medical treatment as such, provided divine power is given credit for healing. In its books, medicine is not so much criticized as it is ignored.

### Doctrine

When they founded the religion, the Fillmores accepted the New Thought and mind-cure teachings of their time. Thus Unity is essentially a religious application of positive thinking in all spheres of life. Success, happiness and health are believed to be the products of optimistic thought; disease is a product of negative thought. In Unity, as in Christian Science and other mind-cure systems, God is power and supply, always available to meet man's needs. He is not conceived as Sovereign Will. Unity does not share the radical idealist metaphysics of Christian

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<sup>1</sup>Clara Palmer, *You Can Be Healed*, Unity, Lee's Summit, Missouri, 1959, p. 170.



Science, however. The existence of a material world is accepted; it is simply subordinate to the world of mind. The existence of human mind and thought, including a subconscious, also is accepted:

After errors have become subconscious, or partly so, they work themselves out in the body as disease. . . .

Always follow your denials of error with declarations of the good that you wish to express and manifest.<sup>2</sup>

## History

Charles and Myrtle Fillmore attended Christian Science class in Kansas City in 1887, but neither joined Mrs. Eddy's Church. Instead, they decided to form a "school of practical Christianity" which would work within the existing Churches to promote the everyday application of the healing powers of prayer.

Healing was the central focus of the Fillmore program. Mrs. Fillmore, long a sick woman, had been healed after contact with Christian Science. Charles Fillmore, a semi-invalid, slowly regained his health. Both studied under a woman who rebelled against Mrs. Eddy, Mrs. Emma Hopkins of Chicago.

Like Mrs. Eddy, the Fillmores profoundly respected the power of the printed word, and they published many periodicals and tracts. The tabloid, *Weekly Unity*, now claims a circulation of 200,000.

Unity failed to make an impact on the existing Churches as institutions; however, a considerable number of their members bought Unity publications. Eventually Unity became a denomination in its own right, but even today many attenders of local Unity Sunday services are only occasional visitors who belong to other denominations.

The international Unity Church headquarters was established at Lee's Summit, Missouri. The centre includes a publishing plant, offices, residences, classrooms and a farm.

Local groups first organized to distribute Unity literature eventually became churches. In Toronto there is one Unity Church of Truth. It is located in a modern spacious building of its own, with Sunday School facilities, chapel, reading room, book shop and a large auditorium.

## Organization

The leadership of the international Church has remained in the Fillmore family succession. There is no regular membership in the local churches or in the international body, and no voice or vote in policy or administration for regular supporters. Local churches are controlled by small boards of officials.

<sup>2</sup>T. D. Schobert, *Divine Remedies*, Unity, Lee's Summit, Missouri, 1965, p. 12.

The Toronto congregation is made up largely of middle-class and skilled working-class persons, with women predominating. Most are in their late thirties and older. The majority of regular attenders at Unity churches come for the same reason that Christian Scientists give for joining their church: an experience of personal healing associated with the religion.

Women are common among the ministers of Unity churches. Elevation to the ministry is in the control of the Lee's Summit officers.

Unity makes very little attempt to recruit a congregation for its church services. (It resembles the typical Christian denominations in this regard.) However, substantial efforts are made to distribute and sell Unity literature.

Unity does not have specialized practitioners of healing. Instead, classes are held through which any person can learn the Unity doctrine and approach to healing. There is no fee. Classes are for instruction purposes only and do not fulfil the selective recruitment process of Class in Christian Science.

## Therapy

Unity shares with Christian Science the concept of controlled thought as the basis for physical well-being.

It is well for anyone, when beginning healing prayers, to deny the medical name of the seeming inharmony. It is not good to call inharmonies by any of the terms applied to them, because they are in reality nothing.<sup>3</sup>

To name a disease tends to give it a place in consciousness, therefore deny and ignore the name . . . By holding to the Truth of your being, you will be restored to peace and health.<sup>4</sup>

There is no specific textbook of healing in Unity comparable to Mrs. Eddy's *Science and Health*, but one of the most popular Unity healing handbooks is *Divine Remedies*, by T. D. Schobert, first published in 1923 and in its eighteenth printing in 1965. The following extracts indicate the technique of Unity healing prayer.

Teeth can be filled and renewed, and new teeth can be grown, through the power of the spoken word . . . the line of thought which you should use (is): My mind is now cleansed and purified from all thoughts of decay and destruction. Through Jesus Christ my spiritual life energy is conserved and transmuted into pure life substance . . . This substance now fills my teeth.<sup>5</sup>

To heal cataract, deny the reality of matter and material conditions. Say: the all-powerful Christ Mind in me dissolves and dissipates material thought and its adverse condition in my eyes.<sup>6</sup>

<sup>3</sup>T. D. Schobert, *Divine Remedies*, *op. cit.* Foreword.

<sup>4</sup>*Ibid.*

<sup>5</sup>*Ibid.*, p. 107.

<sup>6</sup>*Ibid.*, p. 32.

### To heal venereal disease:

The clean, sweet, strong life of Christ washes and regenerates me within and without . . . I am conscious of the quickening, vitalizing, harmonizing life of Christ penetrating, permeating, purifying . . . Prayers like (these) will help heal all errors and ills relating to the vital organs . . . The system can be cleansed completely from syphilis, gonorrhea, and any other venereal disease, by the profound realization of such truths, as those expressed in these statements.<sup>7</sup>

The healing of cancers and tumours calls for a cleansing of the blood and a harmonizing of the consciousness . . . Use a prayer like the following: My blood is vitalized and purified . . . through the living presence of the life of God . . .<sup>8</sup>

Another popular Unity healing text, *You Can Be Healed*, by Clara Palmer, was in its tenth printing in 1959. One astonishing claim has already been quoted (p. 132). On epidemics, the author has this advice:

Let us work together to free the race from epidemics, to lift from babies and children the yoke of diseases commonly associated with childhood. Let us turn thumbs down on mumps, measles, whooping cough, and the like . . . make a daily practice of blessing all who come into your environment in thought or in person with the word *God is your health* . . . Quietly, confidently, peacefully know for yourself and others, and especially for the little children: God is your health.<sup>9</sup>

The resemblance to Christian Science is quite apparent. In both the texts quoted above, the reader is nowhere instructed of the value of consulting a physician for such conditions as venereal disease. Medical treatment is simply ignored. However, since Unity does not have its own specialized practitioners and does not claim that physicians themselves are sources of disease, the Unity adherent is not put in the position of having to choose between Truth and error.

In addition to self-application of healing prayer, the Unity member may apply to Silent Unity for supporting prayer. There is no fee, but of course donations are accepted (and expected).

In Christian Science, the member (and practitioner) heals by knowing that pain is an illusion; he does not pray to God to heal what does not exist. In Unity, pain *does* exist, and the technique is to pray with such conviction and assurance that the divine power of healing is tapped. The Unity member does not intercede with God and await God's will, as a religious or faith healer would; he is convinced that God wills health.

The Unity adherent is further assisted in his healing prayers by a regular

<sup>7</sup>*Ibid.*, p. 50.

<sup>8</sup>*Ibid.*, p. 18.

<sup>9</sup>Clara Palmer, *op. cit.*, pp. 182-183.



Wednesday night service in the local church. No specific healing ritual is carried out comparable to that of spiritualist meetings, nor is there a period of testimonials such as occurs in Christian Science.

Unity Wednesday night meetings are primarily meditative. There are hymns and a brief talk, then the lights are dimmed, soft music is played, and the minister intones repetitive healing affirmations and assurances. Comfortable chairs promote relaxation and receptivity to the reassuring message. The overall effect is one of induction of healing suggestion.

## **Experience**

Silent Unity claims to receive "hundreds of thousands" of requests for healing and other forms of divine aid each year. Most such requests could be expected to be accompanied by a "love offering", of course.

No objective, scientific study of the results of Unity therapy is available. In fact, the benefits of the religion are even more obscurely reported than those of Christian Science. On the other hand, there are no records of complaints against Unity healing, from any agency or institution.

## **Recognition**

There is no known official recognition of Unity healing by any public or social agency.

## **Regulation**

Since Unity claims are very restrained and since (in contrast to Christian Science) the religion does not compete with medicine, there is apparently no concern on the part of the medical profession, courts, government or any other agency to regulate Unity healing. Internally, as there are no practitioners as such, there is no need for discipline.

## **Evaluation**

Healing is becoming less and less important as a major focus of activity in Unity. This group is an example of the mind-cure, New Thought movement which was transformed in the twentieth century into a generally optimistic religious denomination whose central message to North Americans is happiness and success. Unity now falls into much the same category as Norman Vincent Peale's positive thinking.

## Chapter 10 Ontology

The Emissaries of Divine Light are a religious organization with headquarters in Loveland, Colorado, founded in 1947 by Lloyd Meeker. The healing practitioners of this group, organized as the Universal Institute of Applied Ontology, practise a form of therapy called Attunement.

### Claims

Like Unity, Ontology claims are restrained and not usually publicized, and there is no period for personal testimonials at Ontology gatherings. Like Christian Science, the emphasis is on the maintenance of health and the denial of disease, and no diagnosis of illness is made. The objective of Attunement is to put the individual in closer contact with the ultimate nature and energy of the universe and God, and to refresh and restore his "life force".

Ontology claims for Attunement a uniqueness and originality which separates it from all other forms of supportive therapy, but does not discount or even rival medical practice.

Gradually, over the years, there appears the evidence of emotional, physical and often mental deterioration, which leads to sickness and eventually to death. Doctors and scientists have worked hard to stem this gradual loss of Life force, yet when one leak is stopped another always breaks out . . . . Fortunately there *is* a way to break this vicious cycle. Through what is known as the Attunement process an Ontologist can help you . . . .

An Ontologist is not a doctor. He does not manipulate, neither does he administer drugs. He is not an hypnotist, nor a spiritualist medium, nor a food faddist. In all ways the Attunement is different, so different it has to be experienced to be appreciated.<sup>1</sup>

Ontology accepts material existence (in contrast to Christian Science, and in agreement with Unity and spiritualism) but emphasizes spiritual existence. Medical treatment is readily used, and even encouraged; but it is believed that the "peace" established in the body's processes by Attunement is indispensable to healing, no matter how effective the medical treatment.

What has this peace to do with healing? Everything, because until peace is established within you, healing cannot take place. You cannot be healed of any ill condition, by any method whatsoever, until there is peace within

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<sup>1</sup>*Receive the Gift of Life*, Ontology pamphlet.

you . . . when you feel it, sink into it as you would sink into a soft bed. You are truly letting go and coming into Attunement with your Source of Life . . . .<sup>2</sup>

Ontology does not openly place itself in a superior position to other occult systems of healing; in fact they are never mentioned. There would be no objection to a member using another system, provided that it did not obviously conflict with Ontology. Ontologists will always treat members of other groups.

## Doctrine

The doctrine of the Emissaries and of Ontology is easily the most eclectic of the groups reported here. The only source of their doctrine which is acknowledged (and there are many) is the original Christian teachings. These form the basis of Ontology.

Ontology begins with "primitive Christianity", meaning that of the Gospels. The Paulist interpretation is rejected as a corruption of Jesus' original intentions. Indeed, Meeker called the founding of the Christian Church on Paul's organization and doctrine "Christianity's greatest mistake".<sup>3</sup> Ontology emphasizes the role of Jesus as a great teacher, physician and mystic. The direct and mystical revelation of God is sought (in opposition to the alleged "intellectualization" of the Church by Paul).

To this basic Christian orientation Ontology adds Eastern mysticism, with a doctrine of three great historical schools of revelation, and incorporation of the oriental concept of "chakra", the seven vital and mystic areas of the body. The Third Sacred School of revelation is the Emissaries themselves.

Like all the other occult healing groups of nineteenth and twentieth-century origin, Ontology may draw on ancient mystical practice for much of its inspiration, but it recognizes that the ethos of modern times is "scientific". It therefore incorporates modern scientific data to lend validity to its doctrines. For example:

That is what God originally intended. That is why you have a new heart every month, a new stomach and other vital tissues every fourteen months, and new bones even, every seven years. By the time you are fifty you have had seven complete bodies in relationship to the skeleton, a little over forty complete bodies in relationship to the tissues of the body. The renewal is constant. If the balance of the forces is kept correct . . . then there is no . . . degeneration and decay; but because man begins immediately to disturb the balance of the forces . . . the body slows down . . . .<sup>4</sup>

The role of Attunement is to impede this entropic tendency in the body. Ontologists are taught good diet and nutrition also, and their practising Centres often are combined with health food stores.

<sup>2</sup>*Vibrant Living Through Attunement*, Ontology pamphlet.

<sup>3</sup>Lloyd A. Meeker, *Christianity's Greatest Mistake*, Ontology pamphlet.

<sup>4</sup>Lloyd A. Meeker, *Behold I Create*, Vol. 3, Universal Institute of Applied Ontology, Loveland, Colorado, 1952, p. 34.



Attunement is a technique for "changing the vibrational forces at work in the body, and to help the individual to reach a point where he can maintain the vibrational pattern".<sup>5</sup> (Here, similarities with the cellular balance theories of Scientology, Concept-Therapy and electropsychometry will be noted.)

## History

The Society and the Universal Institute, two aspects of the same organization and both operating from Colorado, were founded by an American "philosopher and world traveller", Lloyd A. Meeker. After studying many occult and religious systems, Meeker gathered a small group of friends and supporters over a ten-year period and purchased a ranch at Loveland. In 1947 Meeker was constituted the first "Bishop" of the Emissaries. When he died in 1954, one of his followers, Lord Martin Cecil of England, became the second, and present, Bishop.

## Organization

The Bishop is the leader of the organization. Below him are twelve Reverends, who administer the activities of the Society and Institute in regional areas. There are two home communities: the one at Loveland, and a second set up at an isolated northern British Columbia site, Hundred Mile House.

Both Sunrise Ranch at Loveland and Hundred Mile House operate as much as possible as self-contained communities. Each has its own publishing facilities, and Bishop Cecil lives half the year at each location.

There are currently about 150 trained Ontologists in the Institute, and a larger number of Servers for the religious activities of the Society. Servers lead local worship services, administer business affairs, and otherwise function as "ministers" would in other denominations. Ontologists give Attunements (which also include counselling, if desired).

One Reverend is in charge of the Society in Ontario, with eight Ontologists and Servers in the Toronto area. The membership of the Society in Ontario is quite small (a few hundred), but in Toronto the Society operates three Centres where Attunements are available. Religious functions are held at two of these, and a health store is associated with one.

The majority of Toronto members are in the skilled worker and professional categories, including young salesmen, computer programmers, teachers, white-collar workers, young management personnel. The age range is from the mid-twenties to the fifties. There are very few older than that, and the emphasis is on the younger age range. Women only slightly outnumber men. Ontology is at least

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<sup>5</sup>*Ibid.*, Vol. 1, p. 9.

a generation younger than spiritualism and Christian Science, and is close to Scientology in the social class which it attracts. The typical educational level of the membership is high school graduation or better.

The Ontario Society is incorporated as a religious organization. It is in good financial health and growing slowly. Recruitment is largely by word of mouth; Ontology and the Society do not advertise. There is no formal membership in the Society, and no control by adherents over the policy and administration of the Society, which are in the hands of the Bishop and Reverends. There are now more than thirty cities in North America with active Societies and Ontological Centres.

## Therapy

The therapeutic practice of Ontology is Attunement, and personal counselling services, if desired. These services are readily available to the general public as well as to adherents of the Society. There is no fee or charge, but donations are accepted. Since it is suggested that one receives according to the way one gives, it is more accurate to say donations are *expected*.

The Attunement is a brief and simple process, lasting perhaps fifteen to twenty minutes. It can be given to an experienced and receptive subject in much less time.

The subject lies down on a couch or padded table and relaxes. The lights are dim, the room quiet and free from interruption. The Ontologist sits (or stands) just behind the head of the subject, with his hands placed one on each side of the subject's head. The open palms are as close as possible to the subject's ears, so that while they do not touch him, their heat can be felt. If an assistant is present, she sits alongside the subject with hands outstretched over the middle torso, open palms down. Later she moves to the feet.

An Ontology pamphlet introducing Attunement advises that "the first sensation or feeling (is) one of deep relaxation". As the subject "begins to let go in response to the soothing current flowing through the hands of the Ontologist, (there is) a sense of great peace . . . and a warm blanket of 'good will' . . . tensions and tightness yield".

When the head of the subject moves sideways and totally relaxes, the Attunement is considered complete. Citing the Scripture which refers to the ungodly as a stiff-necked people, Ontology finds the key to Attunement impact on the body in the Atlas region of the neck (one of the seven vital areas).

Ontology believes that much more is involved in Attunement than the suggestive and therapeutic effects of relaxing in a warm, sympathetic and comfortable environment. Attunement is believed to direct life forces into the head of the subject. Tired, and damaging, energies flow out of the patient as the new forces move in. (The assistant helps to spread the flow of these forces through the whole

body, but this is not essential.) It is emphasized that life forces do not originate with the Ontologist. The "purity of heart" of the Ontologist attracts these forces and makes them available to the subject. Unlike spiritualist healers, who may claim to feel "exhausted" after a healing, Ontologists claim to feel refreshed themselves.

Most adherents of the Society come into an Ontology Centre for an Attunement fortnightly, though weekly visits are not uncommon. They also attend Sunday worship services.

The provision of Attunements occupies two Toronto Ontologists full time, and several others part time. More than 100 Attunements are given each week in the three Centres. Counselling services also are provided, in which individuals with problems may "talk it over" and relax with the Ontologist.

The typical offering for an Attunement is two dollars or, not infrequently, three. Thus Attunements (unlike spiritualist healing, or even Christian Science practice, which costs more but is used less regularly) can provide a living income for any Ontologist who develops a reputation for good therapy.

Toronto Ontologists also travel to nearby cities and towns to give Attunements and will visit individuals at home if required or preferred.

## **Training**

Ontologists and Servers are trained at Sunrise Ranch in a six-month residential course. There are four hours of classes each day, but the greatest impact of training is on the personal life of the student outside of class. Several hours of chores are assigned daily, which the student is expected to complete in the best of humour, no matter how unpleasant or strange the work. Equally, he or she is expected to share in community and social life, manifesting all the traditional Christian virtues of charity and unselfishness. "Purity of heart" rather than intellectual accomplishment is foremost in training.

Nevertheless, students must be high school graduates (Ontology is the only occult group reported here which sets a minimum academic qualification for training). The class instruction is extremely intensive, covering a great deal of metaphysical material. In addition, a thorough course in anatomy is taught.<sup>6</sup> There is instruction in diet, public speaking, and effective human relations.

The training course runs twenty-one weeks for those desiring to become Servers. Servers may give Attunements, but this is more usually the work of Ontologists, who are given an additional four weeks of specialized training.

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<sup>6</sup>We have already noted that no diagnosis or medical form of treatment is involved in Ontology. In fact, there is less need for anatomy than in the new Edwards doctrine of spiritualism, but its study is considered useful.



Adherents of the Society are welcome to attend the Sunrise Ranch training course whether or not intending to become Servers or Ontologists. Only those who distinguish themselves by academic accomplishment in class, and more important, by admirable personal conduct are selected by the Bishop (in consultation with the Reverends) to become Servers or Ontologists.

Classes have been held at Sunrise Ranch since 1952. About forty persons attend each year. Only about ten annually are elevated to Ontologist.

## **Experience**

No testimonials are collected or published in *Ontology*. However, claims are made for the therapeutic effects of Attunement. The most impressive we heard of in Toronto was the case of a young woman (who was personally interviewed) who had received several years of psychiatric treatment. Finally she underwent a leucotomy. The operation was followed by a long period of frequent depression and reliance on tranquilizers.

This young woman reported that after a few weeks of Attunements accompanied by counselling (received about three times weekly at the start), she began to improve considerably. She did not in any way disparage or discredit the psychiatric treatment and operation, but believed that the Ontologist had also proved indispensable to her current good health. Her psychiatrist conceded marked improvement in her health, but of course denied any mystic or occult efficacy in *Ontology*.

Observation of several Sunday worship services of the Society clearly demonstrated the intensely warm, emotional rapport among the participants. Individuals showed their willingness to trust the group with revelations of deep personal problems in the discussion session which followed the sermon. There was a quiet, supportive attitude similar to that which the psychotherapist strives to attain in a group therapy session.

## **Recognition**

There is no known recognition of the value of Attunement by any public or social agency or institution.

## **Regulation**

Internal regulation of the practice of *Ontology* is the responsibility of the Reverend in each region. The close personal rapport among the members of the Society makes regulation a matter of influence and suggestion rather than of instruction and order. However, there is an internal process of reporting by which local Servers also submit accounts of the performance of the Reverend (and of each other) to the Bishop, which could theoretically permit self-criticism and counter-checks throughout the organization.

There appears to be no other form of regulation of Ontology. It has not come to the attention of the medical profession, social agencies or police, and is almost unknown even to the daily press. Its therapy, Attunement, is so restrained and unobjectionable, and the claims made for it so generally unpublished outside the organization, that it is doubtful that Ontology would concern any regulating agency in the healing arts.

## **Evaluation**

Ontologists, using Attunement and counselling, seem to be doing effectively today what Mrs. Eddy and her first students did to achieve healing of neurasthenic distresses a century ago. However, Ontology has several advantages over Christian Science as it was then, and even more over Christian Science as it is today.

Ontology is a post-Freudian occult healing system. It has an extremely eclectic approach to both theory and practice, enabling it to draw on both occult and scientific traditions. Ontology can apply the knowledge of psychology, psychotherapy and human relations which has been developed in the twentieth century. These were unavailable to Mrs. Eddy, and have been deliberately eschewed by her "Trustees".

Christian Science is inescapably bound up with the nineteenth-century world of persuasive print, in the form of Mrs. Eddy's books. Ontology is free of this limitation—its emphasis is on personal relationship with the "patient". The curious adoption of telephone and mail therapy by Christian Science has been carefully avoided by Ontology.

Ontologists are much better trained for their work than Christian Scientist practitioners. As we have noted, Ontology is the only group considered here with a minimum academic standard for its practitioners.

## Chapter 11 Conclusions

The occult healing groups reported here are representative of those practising in Ontario, but do not constitute a full and detailed catalogue. Some groups have been omitted because their practice currently is not found in the city of Toronto (the geographic area to which, for practical reasons, our study was confined). Thus, healing shrines of the Catholic faith<sup>1</sup> and rural exorcists are not included. Other practices, currently found in Toronto, were considered tangential to our main concern. Thus, the "vital magnetic" healing of Theosophy, the semi-hypnotic relaxation of Yoga, and the "stellar healing" of astrology were examined but not reported. We believe that the groups reported here form a satisfactory sample for the task we have been assigned: the consideration of "Appropriate methods for the supervision, control, regulation and discipline of all those practising or professing to practise any of the healing arts", and in particular, "the merit of the services and practice" of the occult healing groups and of lay hypnotherapy.

### Contribution of Occult Healing and Hypnotherapy

In Chapter 1, we dealt with the possibilities of fruitful dialogue between occult healing and "medical" practice. We tried to show that a process of division, exaggeration and eventual accommodation takes place in this field. We indicated that medical research is examining concepts which not long ago would have been considered occult and superstitious.

The occult healing groups and lay hypnotherapists obviously have performed a useful role in the advance of the healing arts as a whole, by drawing attention to neglected needs and to alternative means of meeting needs.

However, the "faith" of the average Canadian today, in matters of health, is undoubtedly with scientific medicine rather than with occult healing or lay hypnotherapy. Our survey of Metro Toronto physicians, and of occult groups themselves, indicates that only a small fraction of the general population uses non-medical practitioners of healing. Moreover, the great majority of those using occult therapies also use medical practice.

Although the "medical" healing arts may be criticized on many counts, and although there remains much room for improvement in the medical practitioner's attitude to the potential contributions of occult healing, we believe that the average Canadian's preference for medical science over occult healing is warranted by both the facts and the philosophies involved.

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<sup>1</sup>However, Lourdes is discussed briefly (see pp. 130-131 and faith healing, Chapter 8).



On the factual side, there is simply no comparison between the contribution which has been made by medical science during the past century and that of mind-cure and other forms of religious and occult healing. Certainly in the field of physical treatment, medicine has astonished all mankind with its advances. The virtual elimination of many deadly diseases, the improvement in public health standards, the doubling of life expectancy, and the amelioration of such pain as still remains, have produced a generation of North Americans who have little conception of what life was like before anaesthetics, antiseptics and "wonder drugs".

But perhaps more important is what we believe to be the incontestable philosophical superiority of medical science over occult metaphysics on one very crucial point: for all its faults, science is self-critical and self-correcting, while occult metaphysics is self-confirming and absolutist.

The occult theorist cannot tolerate the suspended judgement of science. His teachings and his methods must be certain, immutable, eternal. He deals in "Truth", while the more humble scientist is concerned only with what "works".

The scientist constantly seeks verification and improvement. Even accepted theory is not regarded as absolute truth, but only as useful concept. Scientific theory does not need to be "true" in any ultimate, metaphysical sense. Astronomy and navigation operated well for many centuries on Ptolemy's earthcentric theories, which were quite false to "fact", and physics made enormous advances on Newton's theories, which Einstein overturned.

The Christian Scientist, the Scientologist, the Concept-Therapist (to name only three examples) cannot tolerate such tentative interim conclusions. Their founders and leaders insist on the exclusive absolute truth of their various theories, admitting the possibility of neither modification from within, nor alteration from without, to conform to the findings of other occult groups or of science. Yet in fact, as we have demonstrated, the theories and practices of these occult groups *have* changed over time, and what was "eternal truth" at one point is forgotten and glossed over later on.

Nevertheless, the contribution of the occult systems of healing to the advance of medicine must be recognized. Human shortsightedness, vested interests, and sheer laziness often combine to render temporarily dormant the scientific curiosity and self-criticism of medical practice. At such times the stimulus of occult healing is most beneficial. The success of the occult healer with methods ridiculed by orthodox practice compels the pioneering medical researcher to re-examine assumptions he might have been in danger of accepting as beyond doubt.

One of the most consistent contributions of the occult practitioners has been to emphasize "the whole man" and to resist specialization in healing. In order to attract a wide following, and because of the absolutist nature of their philosophical

assumptions, occult healers tend to cast their nets very wide. They claim to heal most, or all, human illnesses. In so doing, they emphasize the oneness of man's "health".

The medical profession, in recent years, has been increasingly concerned with the dangers of specialization, and has come to define health more and more in terms of man's whole experience. For example, the British Medical Association report on divine healing (cited on pp. 127-129) opens with the following statement:

Health and healing are difficult to define but health may be described as a condition of satisfactory functioning of the whole organism. The words health, wholeness and holiness are closely linked in origin. Healing may therefore be described as the process by which a living organism whose functions are disordered, is restored or "made whole", that is to say, returns to complete functioning. In a sense, all healing may be considered divine. Many aspects of healing are still outside our present knowledge and this we honestly and freely admit.<sup>2</sup>

This statement clearly includes the possibility of a contribution to the wholeness of man by occult healing. Our examination of occult healing groups in Toronto leaves no doubt that these groups do, on occasion, restore persons to a more complete functioning.

An important trend in modern medical thought which emphasizes this contribution is the concept of health as a dynamic state of balance or equilibrium of contending forces (as, for example, in the work of Hans Selye).<sup>3</sup> The organism is seen as operating in a dynamic and ever-changing system or environment which includes many "disease germs", viruses and entropic factors, as well as its own restorative counterentropic energies. There is no such thing as "perfect health" in such an environment. The organism is constantly in the process of losing or recovering its equilibrium. Health is simply a striving for the highest possible level of operating efficiency, a balance within the changing environment which frees the maximum surplus of life energy (occult theory would say "life force") for the organism's growth, development and pursuit of gratifying stimulation.

This emerging medical concept of health opens an important role to occult healing, whenever it contributes to a more productive equilibrium in the organism. In fact, as materia medica removes more and more threats of physical disequilibrium, and as we live longer as a result, the disorders and degeneration of the organism originating from emotional and psychological distress will require increasing attention. It is precisely in this area (in the form of suggestion, though most occult healing would not admit it) that occult healing systems seem to make their greatest contribution.

<sup>2</sup>British Medical Association, *op. cit.*, p. 80.

<sup>3</sup>Hans Selye, *op. cit.*

## **Existing Legislation in Ontario**

The need for a public examination of the claims and practices of occult healing and hypnotherapy is obvious enough. Such a study has not been made for at least fifty years in Ontario. In 1917 a Royal Commission reporting on health care considered only one occult group: Christian Science. It recommended that no regulation specific to this group was necessary, on the grounds that criminal law would suffice.

Since that time, occult healing has expanded and changed, and lay hypnotherapy has emerged. Also, the accepted public philosophy of regulation of the healing arts has altered. Government initiative and responsibility for many matters of public and individual health are now generally accepted. However, the legal status of occult healing has scarcely altered during the past half-century. Indeed, Ontario legislation still contains no definition of "the practice of medicine" and no regulations, comparable to those of many American states, affecting occult healing groups.

Regarding hypnosis, a specific enactment was made in 1960 which actually went further than most other Western political jurisdictions, attempting (without defining hypnosis) to restrict the practice of hypnosis by any person under any circumstances. The "Grandfather" escape clause of this Act, permitting practice on the basis of previous practice at a certain level of income (regardless of qualifications), and the failure to enforce the Act in several instances where it seems to have been violated, suggest that the Act is something less than adequate to the need. We are operating, in actual fact, in a situation where there is very little regulation for either occult healing or lay hypnotherapy.

Our survey of legislation in other jurisdictions (reported in Appendix II) indicates a great variety of approaches to the problems of occult healing and lay hypnotherapy. It would hardly be reasonable to conclude that one or another of the solutions adopted by other jurisdictions is self-evidently superior. Clearly various governments and publics adopt those forms of regulation which best suit their own need and experience.

On the other hand, it is not necessary for us to wait until real harm comes to individuals in Ontario before we enact suitable legislation. We can learn something from the experience of others.

## **Legislation Outside Ontario**

The problem of occult healing is more complex than that of hypnotherapy, and will be dealt with first. Religion is the additional complicating factor. The constitutional guarantees of the practice of religion usually are regarded as so important a pillar of our democratic institutions that few would be willing to restrict them except where other needs justify the risks involved. We agree without reservation



that this profound regard for religious freedom must be maintained, and we do not propose to come to any conclusions which would endanger religious freedom.

On the other hand, it is obvious that some persons are quite willing to exploit cynically the privileges of religious freedom for their own advantage and to the harm of the public. It is true also that public agreement on what constitutes the untrammelled practice of religion has changed over the past several centuries. There was a time when religious freedom included the right of the Church to dictate not only education, scientific theory, and medical practice, but also legal procedure and political decision. Clearly that time is now past.

We believe that today a majority of Ontario citizens would still accept "religious belief" as a justification or excuse for behaviour clearly harmful to individuals or the public welfare, more readily than they would accept, say, "political belief" in such an instance. Recently a coroner's jury seemed to excuse the negligence it found in a priest's action concerning the health needs of a minor, on the basis that "religious belief" had "clouded his judgement".<sup>4</sup> No charges were laid. Would the jury, and the authorities responsible, have been so lenient if the person concerned had sought to justify his action on the grounds of an unusual *political* belief? This example is an indicator of the reluctance of the public to encroach on religious freedom. It is within this context that our conclusions must be reached.

What rights do citizens of a democratic society enjoy to use whatever form of healing they choose? Beyond the obvious limitations of criminal law, should the individual be free to patronize any practitioner who presents his qualifications to the public?

The British legislative practice (as reported in Appendix II) has been to limit the right of any individual to claim certain recognized and regulated qualifications, such as those of Medical Doctor. Beyond this, any individual is free to practise any form of healing (within criminal law restrictions on assault, fraud, and so on). The sole exception concerns venereal disease, which may be treated only by registered medical practitioners. Otherwise, any person may diagnose, prescribe, carry out surgery or any other treatment, provided only that he does not claim qualifications he does not have.

In actual practice, the great majority of persons in Britain use the National Health Service and the public hospitals, and employment within these is limited to registered medical practitioners. Even where statutory recognition is given to paramedical professions (dietitians, occupational therapists, and so on), there is nothing to prevent unregistered persons from practising these arts, as long as they do not claim to be registered. Again, only *registered* paramedical practitioners may be employed in the National Health Service.

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<sup>4</sup>See pp. 123-126.

On the other extreme, some American states (see Appendix II) have sought to define the practice of medicine very precisely, and have severely restricted this practice and the means of becoming qualified for it and registered in the profession. While "prayer or spiritual means" of healing are always exempted from regulation in such matters as qualification in "basic sciences", many states forbid any unlicensed form of healing to charge fees or accept rewards. Some states, such as Texas, go so far as to forbid the opening of an office.

Ontario would appear to be somewhere between the extremes, although the lack of either definitive legislation or a variety of definitive assessments in the courts makes it extremely difficult to say exactly what the rights of individuals to practise are (assuming they do not falsely claim registration).

## Rights and Policies

Generally, there appear to be two approaches to the prevention of abuse and harm arising from individual practitioners making their services available to the public. There is regulation by law and administrative board, with appropriate enforcement; or there is general education of the public to understand the services offered and select those most suitable to individual needs. Most jurisdictions have combined both approaches, but as we have indicated, the emphasis can be heavily on regulation or on education. The American preference seems to be regulation; the British, open practice with "education" through government support of the "scientific" practice of medicine.

It would appear consistent with democratic principles that the public should have the right to patronize such practitioners as it pleases (assuming always that adults are making the choices—the rights of children are a separate matter). On the other hand, it would also appear reasonable that a policy of *caveat emptor* is not acceptable in matters of health care.

Those jurisdictions which have chosen "open practice" (a minimum of regulation) have attempted to prevent a *caveat emptor* policy, both by severely punishing those who falsely claim qualifications or registration and by the enactment of "Medical advertisement" legislation, which restricts the rights to make certain claims of healing. This legislation is used in Britain, Australia and New Zealand to prevent any but registered practitioners from *claiming to relieve or cure* such serious conditions as venereal disease, tuberculosis, cancer and diabetes. (Of course, anyone is free to *treat* these conditions, except venereal disease.)

The lengthy, elaborate definitions of medicine found in many American jurisdictions seem to reflect the nineteenth-century allopathic conception of healing as a mechanistic, entirely "scientific" problem. By this approach, even mental disease is seen as basically a physiological disorder. Indeed, the word "disease" is symptomatic of the approach; health is a matter of eliminating "diseases", objective entities, by chemical and physical manipulations of the patient.

This approach assumes that the nature of the healing arts can be defined and broken up into a number of parcels (disciplines), each with its assigned jurisdiction. It assumes that all have in common certain "basic sciences", such as anatomy and physiology. It follows that anyone permitted to practise within the healing arts should be qualified in these basic sciences.

The logic of this approach was well stated (and shared) by a student of the healing cults, Louis Reed.<sup>5</sup> He criticizes those states which license practitioners of various pseudo-medical cults (such as naturopathy), as well as occult healers, to practise their own special therapies according to their own standards. Such permissive legislation assumes that different practitioners are treating different problems with substantially different techniques. But this is not so, he argues.

"All practitioners treat disease, and must be able to recognize it," Reed argues. "In short, treatment is secondary to diagnosis."<sup>6</sup>

Reed recommends that there should be minimum standards of *medical* knowledge for all practitioners within the healing arts. There should be basic science qualifications in anatomy, physiology, pathology, bacteriology, hygiene and diagnosis. (Note that he does not include psychology.)

American legislation has tended to see healing (and medicine, which is often made virtually synonymous with healing) as an enclosed territory, to be fenced with words, parcelled up, and opened for admission only to certain restricted professions. The one universal exception is that of religion, which is permitted to fly overhead by restricting itself entirely to "prayer and spiritual means" but may never actually land on the terrain of medical healing by manipulating the patient.

In contrast, British legislation has never attempted to define in so many words what healing, or even medicine, *actually is*. Instead, it has stopped short at the much simpler task of stating what various specified practitioners must *be able to do*. Healing is still something of an unexplored world, of which only a few parts are known and understood. In these areas, certain professionals are recognized as especially skilled to find their way about, and are certified as guides. But anyone who wishes to may explore (and become lost) in almost any part of the terrain he chooses to enter. Like the certified guides, he may set himself up to lead others and charge them for his services. There are a few "dangerous" areas put out of bounds to all but the certified guides, and no uncertified person may claim to be certified. But beyond that, healing is still unfenced and no man's land.

The British approach seems to have produced fewer of the curious anomalies found in America. For example, some American states (as reported in Appendix II) have permitted the religious healer the right to treat communicable diseases,

<sup>5</sup>Louis Reed, *op. cit.*

<sup>6</sup>*Ibid.*, p. 243.



as long as he does so with prayer or spiritual means. And, because every practice should be neatly defined, recognition of religious healers is written into some statutes in such a way as to delegate the state's power of licensing to (for example) the Christian Science Board of Directors.

The American approach has proved no more successful than the British in protecting the public from quackery or from occult healing. Indeed, it might be argued, with good grounds, that the attempt to define and restrict healing legislatively has added impetus to the growth of occult groups. One of the more unfortunate effects has been to encourage non-licensed healers to exploit the special freedom given under "religious" exemptions.

In summary, it would appear that occult healing groups in North America, faced with the problem of survival in a public which generally puts its faith in medical healing, must choose one of two courses. They can make a more or less frontal attack on medicine, with extravagant counterclaims, and attempt to hold such ground as they gain by organizational strength and by the indoctrination of children. Or they can occupy the interstices of the world of healing, unobtrusively serving unmet needs. The latter course seems to produce the greatest internal consistency and the greatest external contribution to the public good.

## **General Considerations Affecting Occult Healing**

### **Licensing**

If Ontario recognizes practitioners of an occult group and leaves it to the group to accredit these practitioners, then it has delegated its right to license. In the case of the groups reported here, there would be serious drawbacks to such recognition. Christian Science accreditation is undemocratic in form and is not based on any objective measure of skill. The spiritualist healers have only a correspondence course for training and accreditation. No government has yet recognized Scientology except to prohibit it. And so on.

It should be noted that granting practitioners of an occult group the right to practise, and compensation on an equivalent basis with medical care (as, for example, in the Workmen's Compensation Board) or in the matter of medicare costs or receipts for income tax purposes, involves the same problem of recognition as does licensing.

### **Claims**

The public has a right to know what claims a practitioner makes and on what basis of actual experience. The more extensive the claims, the greater the obligation for substantiation. The more serious the possibility of fraudulent claim, the greater the need for careful and honest presentation. Misleading claims about healing of diabetes are more likely to prove fatal than those concerning baldness.

A *caveat emptor* policy is not acceptable in second-hand automobile sales and should not be so in healing. Legislation restricting the right to claim relief or healing of a list of specified conditions, on the British or Australian pattern, would be one means of assuring careful claims of healing.

### **Responsibility of the Healer**

Any individual who presents himself as able to relieve or heal others, or to provide the means to relieve or heal, must accept a certain responsibility for the consequences of his actions in this context. The minimum role undertaken by governments in the Western world is to provide forms of registration by which the public may be assured that certain practitioners have been duly examined for their qualifications to practise. In the case of adults, this may be sufficient—especially if only registered practitioners are employed in government-regulated medical services, and if the general education of children includes instruction in proper health care, and if claims which non-registered practitioners are permitted to make are regulated.

Even with these safeguards, the question remains: should “judgement clouded by religious belief” be allowed to excuse actions which would, under other circumstances, be censured as culpable negligence?

A second question must be considered: should an occult healer be permitted to provide “one-shot” treatment, which is offered in a situation of enormously heightened emotional expectation, with no follow-up after this emotion has subsided?

And further: to what extent must an occult healer be made responsible for harm arising out of persuading an individual to postpone medical care? This question applies even if the persuasion is simply in the form of offering the patient a choice between strongly approved “Truth” and discredited “error”, as in the case of Christian Science.

### **Public Welfare and Communicable Disease**

Communicable diseases, sanitation and similar problems are today recognized to be outside the singular judgement of individuals. They are matters of public concern. Occult healers are unable to recognize communicable conditions, yet such healers may be the only practitioners to which individuals turn when suffering such conditions. The result may be delay in reporting the presence of a serious disease in the community and the exposure of additional persons.

Even after a communicable disease is reported to the public authorities, public concern is not exhausted until it is assured that the disease is confined. Occult healers are not equipped to determine that a communicable disease has passed the stage of contagion, or is “cured”.

## Health as Wholeness

The increasingly accepted modern definition of health as involving the whole state of man's condition, physical and psychological, makes it increasingly unacceptable that regulation of healing should be limited to physical action (including the physical treatment of mental conditions). Psychotherapy (and hypnosis, dealt with separately) and such forms of mental manipulation as Scientology auditing must come increasingly within the purview of the healing arts.

## Children

The special question of the rights of children to adequate health care must be considered separately from those of the adult, who may be presumed to have some ability to protect himself. The North American community has, for better or worse, preferred to consider medical care the most reliable form of health care and to place more faith in such care than in any form of occult healing. There is also a generally accepted belief today that children are not the "property" of their parents, to be disposed of as parents see fit. Even domestic animals are no longer left outside the protection of the whole community.

## Dialogue and Progress

While it is both impossible and undesirable to compel discussion and exchange of views and experience among all those engaged in the healing arts, it would be to the benefit of the whole public if medicine and occult healing groups could be encouraged to encounter each other from time to time, in the person of actual practitioners, rather than at the remote and often hostile distance of the printed word.

## Machines and Devices

No healing group can be permitted to employ any machine or device in any way which cannot be objectively demonstrated to be a reasonable function of the device. For example, skin galvanometers are not "lie detectors". The determination of what constitutes a reasonable use of the device could be established by an impartial agency.

## Hypnosis

Since no *religious* group asserts the right to use hypnosis, and since it is now recognized as a legitimate medical technique, the question of therapeutic application of hypnosis is rather less complicated than that related to the occult healing practices. (Several occult groups do consciously use hypnosis, but in a completely *secular* form<sup>7</sup> or without admitting that it is used.<sup>8</sup>)

It seems to be generally agreed that hypnosis is not a plaything to be used in stage entertainment. It is generally accepted also that hypnosis is not a therapy

<sup>7</sup>Concept-Therapy, electropsychometry.

<sup>8</sup>Scientology.



in itself, but a technique by which therapy may be conducted. Therefore, two questions are involved: ability to use hypnotic techniques, and ability in the therapy where hypnosis is applied.

Current Ontario legislation does not distinguish these questions. Any physician is permitted to use hypnosis, whether or not he is competent; and on the other hand, under the regulations, lay hypnotherapists are permitted to use hypnosis though they may be unqualified in psychotherapy.

Assessment of ability to use hypnosis is relatively simple. A few practical and written tests can determine knowledge and skill in hypnotic techniques. Ability in the various professional therapies (medicine, psychology) is not so easily measured.

It would seem advisable to leave assessment of ability in the professional therapies as it presently is, or as it is modified in future, with those capable of such assessment. For example, assessment of the ability of a physician need not vary, as far as his professional practice is concerned, whether he proposes to use hypnosis or not.

Instead, we need only limit the use of hypnosis to those qualified to practise a recognized professional therapy (for example: medicine, dentistry, psychology, pastoral counselling). But this solution raises a practical difficulty. Many existing practitioners in these professions lacked the opportunity to learn hypnosis during their training. Even given such an opportunity, some persons who would like to use hypnosis may find themselves, for one reason or another, ineffective in its techniques.

It is to fill this gap that the role of "hypnosis technician" has been proposed. Technicians would be prohibited from applying hypnosis for therapeutic purposes on their own initiative. They would operate only under professionally qualified therapists, in a manner analogous to the anaesthetist under the surgeon. Some existing lay hypnotherapists might be found useful in such roles.

The need for adequate training facilities for hypnosis in Ontario medical schools is obvious. The profession has proposed such training, and model curriculums have been drawn up. At least in the initial stages, the shortage of able instructors could be partly met by employment of lay hypnotherapists or even stage hypnotists for instruction in hypnosis techniques.

A single agency could be established which would be responsible for testing the ability of both professional therapists and technicians in the use of hypnosis techniques. This agency could be used also by the medical schools for assessing the ability of their students in hypnosis; or medical schools could be permitted to establish their own means of assessment.

Once an agency was established, it would be possible to require that, by a given date, anyone proposing to use hypnosis in any therapeutic application must be tested and accredited. This would apply to physicians, dentists, psychologists and pastoral counsellors. Accredited practitioners would be certified to use hypnosis within the discipline in which they are qualified, and for no other purpose.

Any other person not qualified in these disciplines (and such others as might be added) could apply for certification as a hypnosis technician. He would be certified to use hypnosis under a qualified professional therapist (physician, dentist, and so on). There is, of course, no necessity for the practitioner under whom a technician works to be a hypnotist. In fact, this would defeat the purpose of hypnosis technicians.

The practice of hypnosis in public and as stage entertainment can be easily regulated. However, the private use of hypnosis, defined as increased suggestibility, can hardly be prevented or regulated. Anyone can master hypnosis techniques, given the required native capacities, simply by purchasing a reliable instruction manual and performing a variety of elementary practice routines. Some of these would be extremely difficult to define as "hypnotic" in any specific way.

Moreover, there is little or no documentary evidence that private use of hypnosis has been seriously harmful anywhere in North America. A good case can be made for the argument that forms of hypnosis are present in many religious experiences, especially those in which profound states of emotional ecstasy are aroused.

However, if it were decided that hypnosis should be entirely regulated (including private use, as the current legislation contemplates), it would seem only logical to include a regulation that the sale of all instruction manuals in hypnosis techniques be restricted only to those who have registered with the proposed accrediting agency as students in hypnosis for use either in professional therapy, or as a hypnosis technician. It would also be logical to forbid instruction in hypnosis to any but such students.

The proposed accrediting agency could be empowered to approve or disapprove of specific techniques of hypnosis, such as the Brainwave synchronizer, or the tape recording. This would resolve the problem of use of certain devices in hypnotic induction.

# **APPENDIX I**

## **Methodology**

Work began in January 1967, with a thorough examination of all existing bibliography on healing cults (which is actually rather scanty) and a survey of major texts on hypnosis. Clipping files of local newspaper libraries were examined for several years back. The extensive bibliography of the occult, in the New York Public Library, was examined.

Initial contacts were made with all groups found to be practising in Toronto, from which the most important were selected. Personal participation in the public activities of selected groups was carried on whenever possible over a period of several months, sometimes as a member of the public, and sometimes after identification as a sociologist. Healing of various forms was personally experienced.

### **Mail Questionnaires**

The following mail questionnaires were sent out after pretesting in each case. Response rate is indicated.

- 1) Two-page questionnaire to about 1,700 Metro Toronto physicians (all those listed in Yellow Pages directory) requesting information on experience with patients using occult healers and hypnotherapists, and personal use of hypnosis in practice. Five hundred and fifty-six replies received (32 per cent, high for such a survey).
- 2) One-page questionnaire to all Workmen's Compensation Boards or similar agencies in North America. Forty-seven replies received (94 per cent).
- 3) One-page questionnaire to all insurance underwriters of sickness and accident policies in Canada (covers all but one major U.S. company as well), by cooperation with Canadian Health Insurance Association. Seventy-three replies (almost 100 per cent).
- 4) Letter and one-page questionnaire requesting information and copies of legislation, to all American and Australian states, Canadian provinces (except Ontario), New Zealand and United Kingdom governments. Fifty-five replies received (80 per cent).

### **Telephone Survey**

Contact with all major local and national offices of social service agencies concerning complaints about occult healing and hypnotherapy.



## **Professional Interviews**

Interviews conducted with professionals in fields related to occult healing and hypnotherapy: physicians, psychiatrists, psychologists, police (Fraud Squad), Coroner's Office, Better Business Bureau, and so on.

### **Intensive Interviewing of Occult Leadership and Hypnotherapists**

After establishing personal rapport through participation and contact over several months, we found it possible to conduct very lengthy and detailed interviews with leaders and practitioners of occult healing groups and with all hypnotherapists. Interview rapport and cooperation were generally high.

These interviews were followed up by shorter interviews with "clients" of the healing practitioners, who had been referred to the author, especially for "testimonials" of healing to support the practitioner's claims.

Efforts were then made to contact as many "disaffected" clients of the practitioners as possible, using various sources of information. In most cases this program was successful in obtaining information to balance that of the "testimonials."

## **Content Analysis**

An intensive content analysis of occult group literature and journals, advertising material, and other media was conducted to produce substantiation or contradiction of statements and claims made in interviews.

## APPENDIX II

### Legislative Regulation of Healing

A questionnaire survey of legislation affecting religious healing by "prayer or spiritual means", other occult healing, and the practice of hypnosis was conducted for all provinces of Canada, except Ontario; for all the states in the United States and Australia; and for Britain and New Zealand.

A total of fifty-five replies were received, consisting of replies from forty American states, eight Canadian provinces, four states of Australia, the Federal Government of Australia, the British Government, and the New Zealand Government.

#### Definition of "Medicine"

Medical Acts or sections of this Act or other Acts relevant to the practice of medicine and the licensing of practitioners were received from forty-seven jurisdictions. A definition of the "practice of medicine" appeared in forty-four of these Acts, and these definitions can be grouped, according to criteria of definition of "medicine", into the following types:

- 1) "Physical", in which only physical practice is considered "medicine".
- 2) "Mental and physical", in which the criteria "mental and physical", "physical and nervous", or "mind and body" appear.
- 3) "Non-specific", in which neither the words "mental" or "physical" or their equivalents are found.
- 4) "Compensation", in which "the receipt of, or the expected receipt of, a fee or other compensation" is the criterion which limits the definition.
- 5) "Multiple criteria", in which several of the above restrictions are found.
- 6) Open practice.

(The Medical Acts of Georgia and New Brunswick do not include a definition. This is, of course, the case in Ontario.)

#### Physical Definition

A "physical" definition of medicine is used by five jurisdictions: four in the United States (Florida, New Jersey, New York, Tennessee), and one in Canada (Saskatchewan). Florida's definition is typical: "A person practices medicine . . .

who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition." Tennessee's definition differs slightly in that it omits the word "diagnose", but it is alike in all other respects.

### **Physical and Mental**

A definition including the terms "physical" and "mental" is utilized by fourteen jurisdictions. Nine of them (California, Idaho, Iowa, New Hampshire, Rhode Island, South Dakota, Utah, British Columbia and Manitoba) have definitions encompassing the advertisement of the ability to perform, or the performance in fact of, diagnosis, treatment, prescription or surgery. For example, New Hampshire's definition of medicine states, "Any person shall be regarded as practising medicine . . . who shall diagnose, operate on, prescribe for or otherwise treat any human ailment, physical or mental"; and the "Unlawful Practice" clause establishes a penalty for advertising or practising medicine, as set forth in the definition, without a licence or with a revoked licence. The other five jurisdictions vary somewhat from this definition. Missouri and Vermont use the criteria of advertising and treating only; Arizona, the criteria of advertising, diagnosis, treatment and operating; Michigan, the criteria of advertising, diagnosis, treating and prescribing; and Oregon, advertising, diagnosing and treating only.

### **Non-Specific Definition**

A "non-specific" definition is used by four jurisdictions: Alberta, Nova Scotia, Kentucky and Pennsylvania. The definition used by Nova Scotia and Alberta is the same and involves the advertisement of the ability or willingness to diagnose, treat or prescribe for, or the performance of an operation of manipulation for the cure or treatment of, "any human disease, deformity, defect or injury". Kentucky's definition includes the diagnosis, treatment or correction of any and all human conditions, ailments, diseases, injuries or infirmities by any means. Pennsylvania defines the practice of "medicine and surgery" as the art and science having as their object the cure of diseases of man and the preservation of the health of man, defines the practice of "medicine and surgery" as the art and science having as any manner whatsoever of disease or any ailment of the human body).

### **Compensation**

Five states—Wisconsin, Ohio, Connecticut, Mississippi, Oklahoma—have "compensation" as the restricting clause. Ohio and Connecticut have similar definitions involving the advertisement of the ability to perform, or the actual performance of diagnosis, treatment, prescription or operation, in reference to an injury, infirmity, disease or ailment, for compensation received or expected. Wisconsin's definition is similar but omits the word "diagnose", while Mississippi considers the prescribing for, or treatment of, illness of the mind or body for compensation as the practice of medicine.



## Multiple Criteria

There are four types of "multiple criteria" definitions: one in which an advertisement clause and an opening-an-office clause are found; one in which an advertisement and a fee clause are found; one in which these three are found; and one in which these three plus a specific practice of surgery clause are found. Under the first category fall Virginia and Nebraska, whose definitions include the "diagnosis, treatment, prescription or operation" phrase and the "physical or mental" phrase. Also included in the first category is West Virginia, whose definition specifies the treatment of any human ailment or infirmity. The second grouping (advertisement and fee) includes Maryland and Texas, who use a "physical and mental" definition of illness. The third category (advertisement and fee and office) includes North Dakota, Delaware and Wyoming (who use a "physical and mental" definition of illness) and Illinois (a somewhat special case in that it has two clauses concerning treatment, diagnosis, prescription and operating re "mental and physical" — one limited by the fee clause and the second without this specification). The final category (fee, advertisement, office, special surgery clause) consists of the states of Colorado and Arkansas only. Both states have definitions encompassing diagnosis and treatment of, and prescription for, "physical and mental" disease. In total, then, there are eleven jurisdictions (all of them American states) that use a "multiple criteria" definition of medicine.

## Open Practice

The United Kingdom, South Australia, Victoria, New South Wales and Newfoundland have the least restrictive legislation concerning the practice of medicine. The principle applied in these jurisdictions is that the public should be free to patronize any practitioner and to employ or practise any system of healing within the limitations of criminal law. However, the public has the right to be informed accurately as to which practitioners are "registered" as having met certain professional standards as "physicians", "surgeons", and so on.

The restrictive criteria in such legislation prohibits any person from claiming or advertising himself to be registered when he is not. South Australia's laws state simply, "No person, not being registered under the Act, shall directly or indirectly in any way advertise or hold himself out to be registered." The Newfoundland Minister of Health states in a letter, "Anyone may offer healing treatment to the public as long as he does not hold himself out to be a qualified medical practitioner, but he would not be recognized by any hospital, nor could he get x-ray services or anything of this kind by registered medical practitioners."

England, Victoria and New South Wales add an additional restriction: that no unregistered practitioner of healing shall have the right to recover any charge (fee) in a court of law. (However, there is no regulation against an unregistered practitioner charging fees if the client is willing to pay.)

New South Wales adds one further restriction to the general principle of "open practice": no unregistered person may treat cancer, tuberculosis, poliomyelitis, epilepsy or diabetes, except under the regulation of a registered practitioner. In the United Kingdom, only registered practitioners may treat venereal disease.

All five "open practice" jurisdictions would not approve (and in some cases, legislate against) appointment of unregistered practitioners to government health services, prisons, military forces, and so on.

## **Religious Exemptions**

Specific exemptions from the Medical Acts and/or Basic Science Law for Christian Scientists, for healing by prayer or for the practice of religious tenets, were reported by thirty-one American states and four Canadian provinces. Christian Science was exempted specifically from the Medical Act and/or Basic Science Law of at least eleven American states (Arkansas, Colorado, Connecticut, Iowa, Kentucky, Maryland, Missouri, North Dakota, Ohio, South Dakota, Tennessee). North Dakota adds, "other religious tenets". Note that Ohio is the only major industrial state. No Canadian province mentions Christian Science. Healing by "prayer or spiritual means" is the term used in fourteen Acts; "the practice of religious tenets" in ten Acts. (Texas exempts healing by prayer provided that an office is not maintained.)

## **Hypnotherapy**

"Hypnosis" is mentioned specifically in the legislation of only three of the jurisdictions: Ohio, Florida and the Australian state of Victoria. In Ohio's "Rules and Regulations Governing Limited Practitioners", it is stipulated that a certificate must be obtained for the practice of "magnetic healing, suggestive therapy and psycho-therapy". To obtain the certificate, one must have taken a course in and passed an examination in medical science. In Florida's Hypnosis Law, the practice of hypnosis for therapeutic purposes is made unlawful for any person who is not a practitioner of one of the healing arts or who is not practising under the supervision and direction of a practitioner. The healing arts are defined as the practice of medicine, surgery, psychiatry, dentistry, osteopathic medicine, chiropractic, naturopathy, podiatry, chiropody and optometry. The intent of this legislation is stated as the regulation of the practice of hypnosis for therapeutic purposes by providing that such hypnotic techniques shall be used only by certain practitioners of the healing arts within the limits and framework of their own particular field of competence.

The Psychological Practices Act of Victoria forbids the use of hypnosis for public entertainment, the practice of hypnosis on or by a minor, or the practice of hypnosis without the consent of the Victorian Psychological Council, whose consent is subject to the condition that hypnosis is practised under the supervision of a legally qualified medical practitioner, with the exception of dentists from this supervision, provided that they are using hypnosis in the course of their practice.

Depending on court interpretation, in twenty-six jurisdictions hypnosis could be regulated under the "mental and physical" definition of medicine. For example, in California no special legislation affecting hypnosis was considered necessary by a Special Committee of the Assembly because of a court interpretation that the definition of medicine includes the relief of overweight, relaxation of tension, and so on. Oklahoma's Basic Science Law has been interpreted to make the practice of hypnosis illegal except for licensed practitioners of the healing arts.

## Scientology

Scientology is banned specifically in only one jurisdiction, that of Victoria, Australia. Advertising to teach Scientology or receiving any fee or compensation, directly or indirectly, for the teaching or application of Scientology is prohibited. Furthermore, the use of any galvanometer, E-meter, or other instrument which detects or measures, or which is represented as detecting or measuring, any emotional reaction is limited to a registered psychologist or to those obtaining the consent of the Psychological Council. Finally, all "Scientological records" are to be delivered to the Attorney General so that they may be destroyed.

## Interpretations

Court decisions or Attorney General's opinions were received from five jurisdictions (Colorado, Florida, Texas, Oregon and California) concerning the rights of religious healers or the practice of hypnosis. The Attorney General of Florida decided that those charged with the enforcement of the state's Medical Practice Act are authorized to prevent unlicensed medical practice of "psychosomatic therapy" and "medical hypnosis" where such treatment invades the field of medical practice. This decision was based on the belief that "psychosomatic therapy" and "medical hypnosis" may be used in the treatment of human disease, pain, injury or physical conditions, and when so used are within the definition of the practice of medicine of the state. (As previously mentioned, Florida also has a separate Hypnosis Law.)

The Attorney General of Oregon decided that hypnosis can be and is used in the practice of medicine, and can be considered the practice of medicine where it is offered or undertaken to diagnose, cure or treat any disease, illness or pain, or is used as an anaesthesia, or as a means of psychotherapy. The Attorney General of Texas states that if an individual were performing hypnosis for the purpose of treating or offering to treat some disease or disorder, such act would constitute the practice of medicine. On December 7, 1960, the Court of Criminal Appeals, Austin, Texas, sustained the conviction of an appellant for practising medicine without a licence, where the appellant did treat or offer to treat a physical or mental disorder by a system of hypnosis. In Colorado, in *Smith vs. People*, a preacher in "The Divine Scientific Healing Mission" was held to be practising medicine without a licence when he purported to treat and cure by laying on of the hands through divine power.



## **Exemptions from Health Legislation**

Health legislation concerning public sanitation and the isolation of those suffering contagious diseases was found in all jurisdictions reporting to apply to all persons, regardless of religious conviction. In general, Australian states, New Zealand, the United Kingdom and the Canadian provinces do not provide any loopholes. However, a few American states reporting to us have legislation permitting certain special exemptions for those of religious convictions objecting to medical practice. For example, Arizona and Pennsylvania exempt those objecting on religious grounds from the compulsory premarital venereal disease test. Four states reported exemptions from PKU tests on newborn babies on religious objection. No exemptions were reported where tests for tuberculosis are compulsory (for example, for school teachers).

Nine American states reported provisions permitting persons suffering from communicable disease requiring compulsory hospitalization and treatment to remain isolated in their own homes and accept healing by prayer or spiritual means. Even in the case of venereal disease, at least nine states (including California) make this exemption. The legislation contains no explanation of how it is to be determined, without a blood test, that syphilis has been cured. In general, it is the less populous, less industrialized states which make such exemptions (with the mentioned exception of California).

Exemptions from immunization programs against contagious diseases (smallpox, diphtheria, polio, and so on) appear to be common in most American states and in the Canadian provinces; and even in Australia, where immunization is compulsory by law, we were informed that the practice is to overlook those objecting on religious grounds.

At least thirteen American states, including New York state, have a provision similar to that in effect in Ontario, exempting children from health instruction in school where parents object on religious grounds.

Hospitals or other similar institutions, in which healing by prayer or spiritual means is practised, were reported exempt from regulation in six jurisdictions (Florida, Illinois, Oregon, Arizona, Montana, Oklahoma). In two of these jurisdictions (Illinois and Montana) a licence is required.

## **Basic Science Laws**

A Basic Science Law is in effect in ten jurisdictions of the United States, but it appears that all have exemptions for Christian Science or for healing by prayer (details were not available for two jurisdictions). In three jurisdictions Christian Science specifically is exempt, while in the other five healing by prayer is exempt. A typical Basic Science Law is that of Oregon, requiring all persons "who desire to apply for a licence to practise medicine and surgery, osteopathy, chiropractic,

naturopathy or any other system or method of healing that hereafter may be legalized" to pass an examination in "human anatomy, human physiology, human pathology, chemistry, bacteriology and hygiene".

### **Advertisement of Treatment or Cure**

A type of legislation apparently unknown in North America but found in New Zealand, Britain and Australia regulates "medical advertisements". (Jurisdictions in the United States and Canada have limitations on advertising by registered practitioners only.) For example, in New Zealand it is unlawful for *any person* to advertise any method of treatment for scheduled diseases. The Schedule includes such diseases as cancer, Bright's disease, infantile paralysis, tuberculosis and venereal diseases. There are a total of thirty-five diseases on the restricted list, and an additional six on the partially restricted list, established in 1943. The state of New South Wales in Australia restricts the use of an advertisement concerning any cure or treatment if that advertisement "contains any statement which is false in any material particular". The state of Western Australia prohibits the advertisement by any person of a statement promoting the sale of any article for the alleviation or cure of any venereal disease or disease affecting the generative organs or functions, or of sexual impotence, or of any complaint or infirmity arising from or relating to sexual intercourse, or of female or menstrual irregularities.

### **Children**

Finally, in regard to the regulation of medical treatment for children, a majority of jurisdictions reporting provide for a court order to be issued where medical treatment is deemed necessary to life. This provision was reported by twenty-nine jurisdictions, in the form of either a regulation requiring the parents to submit their child for treatment or legislation allowing for the apprehension of the child as a "neglected child" by the Welfare Department, Juvenile or Family Court or the Superior Court (depending on the jurisdiction). Of the thirty-one jurisdictions reporting legislation governing this question, only two (North Dakota and Nevada) suggest that parents are free to decide what medical treatment their children need and will receive.

**TABLE A1**  
**Legislation on Religious Healing by Jurisdiction**

Jurisdiction	Medical Act	Hypnosis Act	Basic Science	Med Advert.
Arizona	*			
Arkansas	*			
California	*			
Colorado	*			
Connecticut	*			
Delaware	*			
Florida	*	*		
Georgia	*			
Idaho	*			
Illinois	*			
Iowa	*		*	
Kentucky	*			
Maryland	*			
Massachusetts	(letter only)			
Michigan	*		*	
Minnesota	(letter only)			
Mississippi	*			
Missouri	*			
Montana	(letter only)			
Nebraska	*		*	
Nevada	*			
New Hampshire	*			
New Jersey	*			
New York	*			
North Dakota	*			
Ohio	*	*		
Oklahoma	*			
Oregon	*			



**TABLE A1 (Continued)**  
**Legislation on Religious Healing by Jurisdiction**

Jurisdiction	Medical Act	Hypnosis Act	Basic Science	Med Advert.
Pennsylvania	*			
Rhode Island	*			
South Dakota	*		*	
Tennessee	*		*	
Texas	*		*	
Utah	*		*	
Vermont	*			
Virginia	*			
Washington				
West Virginia	*			
Wisconsin	*			
Wyoming	*			
Alberta	*			
British Columbia	*			
Manitoba	*			
New Brunswick	*			
Newfoundland	*			
Nova Scotia	*			
Quebec	(letter only)			
Saskatchewan	*			
New Zealand	*			*
Australia	*			
Federal (Capital T.)	*			
South	*			
Victoria	*	*		
Western				
New South Wales	*			
England	*			

TABLE A2  
Definitions of Medicine

Physical	Physical and Mental	Non-Specific	Fee	Multiple Criteria	Open Practice
Florida	Arizona	Kentucky	Connecticut	Virginia	United Kingdom
New Jersey	California	Pennsylvania	Mississippi	Nebraska	New South Wales
New York	Idaho	Alberta	Ohio	West Virginia	Victoria
Tennessee	Iowa	Nova Scotia	Oklahoma	Maryland	South Australia
Saskatchewan	Michigan		Wisconsin	Texas	Newfoundland
	Missouri			North Dakota	
	New Hampshire			Delaware	
	Oregon			Wyoming	
	Rhode Island			Illinois	
	South Dakota			Colorado	
	Utah			Arkansas	
	Vermont				
	British Columbia				
	Manitoba				

## APPENDIX III

### Metropolitan Toronto Physicians

A two-page questionnaire was mailed to all practising medical doctors listed in the Yellow Pages directory for Toronto. The questionnaire sought to determine:

- 1) How many physicians had seen patients during the past five years who had received treatment from a "faith healer" or "hypnotist" before seeking medical treatment.
- 2) In these cases, what unnecessary complications, if any, had resulted from delay in seeking medical treatment, in the physician's opinion.
- 3) How many physicians use hypnosis, or refer for hypnosis, in their practices.

Replies were received from 556 doctors, about one-third of the total. This was a much larger response than had been predicted. Sixty-two per cent of the respondents were specialists, 38 per cent general practitioners. Fifty-nine per cent of the respondents had been in practice over ten years, 22 per cent for six to ten years, and 19 per cent for five years or less.

About 80 per cent of the respondents replied in the negative to all questions. Eighty-eight respondents (about 15 per cent of the total) replied that during the past five years they had seen patients who had previously received treatment from a Christian Scientist or other "faith healer". These eighty-eight respondents reflected much the same division between specialization and general practice, and the same range of years in practice, as the 556 respondents.

Respondents reported eighty-five patients who had clearly stated to the physician that they had delayed medical treatment because they hoped treatment by a faith healer would make medical treatment unnecessary. In sixty-seven of these cases, the physician was of the opinion that unnecessary complications or irreparable damage had resulted from the delay.

Respondents were asked to indicate briefly the diagnosis of up to three of the most serious cases seen during the past five years involving a faith healer. A total of 137 diagnoses was received for the 166 patients seen by the respondents. Table A3 reports the variety of diagnoses involved. The present status of ninety-three of the 137 diagnoses was reported as follows: forty-seven improved, fourteen unchanged, five deteriorated, and twenty-seven dead.



Thus, if the 556 reporting physicians can be considered representative of the approximately 1,700 physicians surveyed, about 15 per cent of Toronto doctors treat patients who mention that they have sought treatment from a faith healer, but only half of these patients state that they have delayed the medical treatment for a hoped-for cure through faith healing. In most cases of delay, the physician believes the patient suffered additionally. A substantial portion of the patients involved seem to suffer severe disorders, since death is the outcome in twenty-seven cases out of ninety-three reported.

The total number of cases reported (166 for 556 doctors, or about 500 for the whole population) is obviously a very small portion indeed of the whole practice of medicine in the city of Toronto (and this number is spread over the past two years).

An even smaller number of doctors reported that they had treated a patient who had sought help from a lay hypnotherapist. Twenty-seven doctors had treated a total of sixty-five such cases. Sixteen of these cases were referred by the lay hypnotherapist involved, fifteen of them to a single physician. The twenty-seven reporting physicians tended to be somewhat younger, and more often specialists, than the overall response.

In twenty-one of the sixty-five cases, the reporting physician believed that the patient suffered additional complications as a result of delayed treatment. Diagnoses of up to three of the most serious cases seen were received for a total of twenty-six patients and these are reported in Table A4. The present status of only fifteen of the sixty-five patients was reported, and for most was unchanged.

These results indicate that very few doctors in Toronto receive patients who have sought treatment from a lay hypnotherapist, and the consequences of delay in seeking medical care are less severe than those incurred by patients who have consulted faith healers. No doubt this is at least partly due to the fact that the disorders involved are much less severe.

The overlap between doctors treating patients who had consulted a faith healer and those reporting patients who had seen a hypnotherapist was small: only 10 per cent of the responding doctors reported both types of cases.

Finally, the respondents were consulted concerning their own use of hypnosis, or referral of patients to a hypnotist. Only twenty doctors of the 556 reporting (3 per cent) are trained in hypnosis. Of these twenty, four had not used hypnosis during the past year, eleven used it once a month or less, three used it several times a month, one used it once a week, and one used it daily.

Forty-seven additional doctors reported that they had referred one or more patients to another practitioner for hypnotherapy. Of these referrals, thirty-three were to another physician, nine to a psychologist, three to a dentist, and two to a lay hypnotherapist.

Additional comments concerning hypnosis and "faith healing" were received from seventy-six doctors. Thirty-one of them stated that hypnosis, when used by a qualified physician, can be a valuable aid in delivery, burn cases, in the preparation of a patient for surgery, or in some forms of psychiatric treatment. For example, one doctor stated: "In certain circumstances I believe hypnotherapy can be a very useful tool, e.g., for certain resistive symptoms such as insomnia and to overcome very obstinate resistances in psychotherapy, where other methods have failed. Naturally it should only be carried out by competent and qualified persons." Nine doctors consider hypnosis to be of limited use in general medicine or psychiatry. Five doctors feel that hypnosis should be in more general use and that training should be given to medical doctors.

One doctor stated, "Hypnosis need not be carried out by medical or dental persons only, but those persons using it for therapy should have recognized and accepted training background by either legislation and/or an association to govern practice ethics and . . . such persons (should) operate either on a medical referral basis, or make mandatory to their treatment a medical examination." Two doctors suggested that all doctors in their everyday practice use techniques, such as suggestion, that are related to hypnosis. Spiritual healing and hypnotherapy are considered to be valid psychological support in emotional and physical illnesses by four doctors. One doctor suggested that faith healing can give emotional support in a functional illness, but can prolong and complicate an organic disorder. He further stated that faith healers do not have sufficient training to differentiate the two types of illness. On the other hand, three doctors suggested that only a certain type of patient would seek help from a faith healer (for example, borderline psychotics, emotionally unstable persons), while another six suggested that patients would be unlikely to volunteer the information that they had been treated by a faith healer. Five doctors believe that Christian Scientists will delay treatment but will not forego it entirely, while one of these doctors feels that Orthodox Pentecostals are more likely to refuse treatment altogether. One doctor is concerned that persons with impaired vision, who have received only faith healing treatment, are driving cars and endangering the public.

**TABLE A3**  
**Diagnoses of Patients Treated by a Faith Healer**

<b>Disease</b>	<b>Number of Cases</b>
Cancer	30
Psychoses	17
Eye	14
Heart and circulatory	13
Pregnancy and reproductive	10
Digestive tract	8
Tumours	8
Diabetes	5
Disc	4
Anaemia	4
Leukemia	2
Thyroid	2
Arthritis	3
Asthma	2
Gall Bladder	2
Pneumonia	2
Epilepsy	2
Tuberculosis	1
Gangrene	1
Hypoglycemia	1
Plantar wart	1
Erythematosis	1
Throat infection	1
Osteoporosis	1
Neuroblastoma	1
Erythroblastosis foetalis	1

**TABLE A4**  
**Diagnoses of Patients Treated by a Lay Hypnotherapist**

<b>Disease or Condition</b>	<b>Number of Cases</b>
Psychoses	12
Smoking	4
Stuttering	3
Ulcer	2
Obesity	2
Skin disease	2
Asthma	1



## APPENDIX IV

### Workmen's Compensation

A one-page questionnaire was mailed to the Workmen's Compensation Board or similar agency of all states of the United States and all provinces of Canada, except Ontario. A total of forty-seven replies was received, and thirty-eight replied in the negative to all questions. Eight, all American, grant some form of recognition to faith healing practitioners; one, Vermont, has no legislation.

Of the eight jurisdictions recognizing faith healing, four limit this specifically to Christian Science, while the remainder include other forms of healing by prayer or spiritual means.

A medical examination is required as "proof of claim" in four jurisdictions; one requires no special proof, and four did not specify. Absent healing is included in only one jurisdiction (New York); three replied that they do not include absent healing; and three did not specify.

None of the eight responding jurisdictions reported any actuarial survey of experience concerning its coverage of "faith healers".

<b>Recognition of Christian Science Only</b>	<b>Recognition of Healing by Prayer or Spiritual Means</b>
Connecticut	Indiana
Florida	New Hampshire
Minnesota	Michigan
New York	Oregon

## APPENDIX V

### Insurance Coverage

Using the mailing list and office services of the Canadian Health Insurance Association, we mailed a one-page questionnaire to all insurance companies in Canada underwriting sickness and accident policies. This survey also covered all but one major American company, through Canadian branch operations. (We gave assurance that results would be reported so as to avoid identification of any specific carrier.)

A total of seventy-three replies was received, and sixty of these replied in the negative to all questions.

Thirteen responding companies recognize Christian Science practitioners in a variety of sickness and accident policies at both the individual and group level. No other form of faith healing is recognized by any company. It is generally assumed, and in four cases specifically stated in the policy, that a practitioner listed in the *Christian Science Journal* is intended.

Medical diagnosis or certification is required as "proof of claim" by six of the thirteen companies, and an additional five companies reserve this right. However, in usual practice general information is requested from the practitioners involved. Absent treatment is included in the coverage of only four companies.

Eleven of the thirteen companies make no distinction between benefits for coverage under Christian Science and under medical treatment. One company will not make payments to both types of practitioner; one company did not specify. Only one company requires an additional premium for Christian Science coverage.

Only one company has made an actuarial study of its experience with Christian Science coverage. It found the average number of treatments per claim higher for Christian Science than for medical treatment, but the working time lost per claim was lower for Christian Science. No comparison of costs was made.















BINDING SECT. JAN 25 1971



